**Form No. (9) The Applied Tasks / Special Projects Agreement**

**Personal information:**

|  |  |
| --- | --- |
| **Name:** | **Division:** |
| **Job Class:** | **Job Title:** |
| **Duration Spent in This Job:** | **Manager:** |
| **Phone no.** | **E-mail address:** |

**Details of the applied tasks / special projects:**

|  |  |
| --- | --- |
| Name of extended tasks / special projects |  |
| Project manager: |  |
| Division name (if different) |  |
| Task / project period |  |
| Starting Date: |  |
| Completion Date: |  |
| Duties identified for the task/ project: |  |

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| --- |
| Please specify how these applied tasks / special projects contribute to the achievement of the your development objectives: |

|  |
| --- |
| Please specify how to what extent you contribute to these applied tasks / special projects |

|  |  |
| --- | --- |
| Employee Signature: | Date: |
| **Approval of Line Manager:** |  |
| Signature: | Date: |
| **Approval of Project Manager:** |  |
| Signature: | Date: |
| Name: | Job title: |
| **Approval of Managing Director** |  |
| Signature: | Date: |
| Name: | Job title: |