

CENTRAL POOL OFFICE WORK SCHEME (CPOWS)
Request Form

Name:			
Task:	<hr/> <hr/> <hr/> <hr/> <hr/>		
Purposes:	<input type="checkbox"/> Departmental*	<input type="checkbox"/> Teaching*	
Expected Date of Completion:	(dd)	(mm)	(yyyy)
Date:			
Signature:			

* Please tick one.

For Official Use:			
Receiving Date:		Assigned Staff:	
Remarks:			