



**Supervisor Acknowledgement Form  
for Non-Academic Staff Mobility**

Full Name in Thai: \_\_\_\_\_

Full Name in English: \_\_\_\_\_

Faculty: \_\_\_\_\_ Department: \_\_\_\_\_

Employee ID (if applicable): \_\_\_\_\_

Employment Type: ☐ Permanent Staff ☐ Temporary Staff (Wisaman)

Duration of Employment: from Date \_\_\_\_\_ To \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval of the Department/Unit Head**

Supervisor's Name

(Full Name in Thai) \_\_\_\_\_

(Full Name in English) \_\_\_\_\_

Position: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Tel: \_\_\_\_\_ Email Address: \_\_\_\_\_

I acknowledge that this employee is eligible to participate in the program. I also certify that the above-named employee works under my supervision.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval of the Dean/ Office Director**

Dean/Office Director's Name

(Full Name in Thai) \_\_\_\_\_

(Full Name in English) \_\_\_\_\_

Academic Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_