



**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: _____