
-VI. APPENDIX - FORMS

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Housing Service

PROPERTY LOSS STATEMENT

Name _____ ID _____

Room _____ Residence Hall _____ Ext _____

ITEM	DESCRIPTION (serial number, brand,)	APPROXIMATE VALUE

In the space below, please provide any relevant detail about the incident and condition of loss. Please try to be clear and concise

I understand that the University is not responsible for any loss or damage of personal property. It is my responsibility to observe security rules in order to protect my possessions.

Date _____

Signature _____

Housing Services

Master key use Request

Date: _____

Building: _____

Student Name: _____

Room: _____

ID: _____

I requested the use of the master key to have access to my room because:

- I forgot my key inside the room
- I lost my key
- My key is with my roommate

PS: I understand that the use of the master key is strictly reserved to maintenance tasks and emergency cases, and that all similar requests are subject to a fine starting from the third use.

Student signature: _____

Hall Director: _____

Housing Services

Master key use Request

Date: _____

Building: _____

Student Name: _____

Room: _____

ID: _____

I requested the use of the master key to have access to my room because:

- I forgot my key inside the room
- I lost my key
- My key is with my roommate

PS: I understand that the use of the master key is strictly reserved to maintenance tasks and emergency cases, and that all similar requests are subject to a fine starting from the third use.

Student signature: _____

Hall Director: _____

Housing Services

Master key use Request

Date: _____

Building: _____

Student Name: _____

Room: _____

ID: _____

I requested the use of the master key to have access to my room because:

- I forgot my key inside the room
- I lost my key
- My key is with my roommate

PS: I understand that the use of the master key is strictly reserved to maintenance tasks and emergency cases, and that all similar requests are subject to a fine starting from the third use.

Student signature: _____

Hall Director: _____

جامعة الأخوين
AL AKHAWAYN
UNIVERSITY
Housing Services

Jan 16, 2003

Dear New Student,

The Al Akhawayn University Housing Office greatly appreciates your interest in studying at Al Akhawayn University in Ifrane.

The Housing Department will be pleased to have you as one of its residents. It will do its best to accommodate the living arrangement of all new students. It will also ensure everyone a pleasant and secure environment.

All in all, the Housing Department would like to extend its best wishes and warmth welcome to you for choosing Al Akhawayn University in Ifrane for your academic program. It looks forward to providing you with an extraordinary mix of living and learning, friendship and fun. In a lifetime, it will be the experience of a lifetime.

Sincerely yours,

Housing Department

Al Akhawayn University

P.O. Box 104, Avenue Hassan II, Ifrane 53000, Morocco

Telephone: (212) 35 86.20.66 Fax: (212) 35 56.71.47

E.mail: Housing@au.ma


جامعة الأنوين
AL AKHAWAYN
UNIVERSITY
Housing Office

RESIDENT PERSONAL DATA

We desire to build a Housing community in which individuals interact positively. To better serve you, guarantee the required comfort and appropriate services, we need to know more about you. Your medical background, personal preferences and character represent valuable data for Housing assignment, medical emergencies and in-dorm activities. We would appreciate if you could spare a few minutes to complete the following questionnaire. Please try to be honest. This information is strictly confidential.

Attach
Picture
Here

Name: _____
 Student ID: _____ Major: _____ Home / Mobile Phone: _____ / _____
 Date of Birth: _____
 Address: _____
 E-mail Address: _____

Housing Preferences

Double Room

Please provide us with the name of the person (if any) with whom you agreed to share your room:

will share a room. you will be assigned a

Single Room

Due to the limited number of single rooms, your Housing preference may not be satisfied.

Shall we add your name to the waiting list of Single rooms?

Yes

No

1- If you had to describe yourself, which of the following describes you best:

- Dynamic Discrete Talkative Nervous Calm Sociable
 Spontaneous Sincere
 Studious Confident Energetic Organized Attentive Practical
 Flexible Peaceable
 Dependable Tactful Sensitive Neat Cheerful Disorganized
 Other: _____

2-The most important thing my new roommate should know about me is:

3- I am a non-smoker who **objects** to smoking I am a non-smoker who **does not object** to smoking

I am a smoker

4- Studying habits: with music without music home
 early in the morning during the day late at night
 alone with friends

library

-I study best in an environment that: _____

5- How would you define the ideal roommate with whom you would like to share a room?

6- What are your major hobbies?

7- Building Preferences: Big Small
Floor Preferences: Ground Floor 1st Floor 2nd Floor

This preference is satisfied upon

Health Status Information

In case of emergency please contact the following person: Name _____

Relationship to you _____

_____ Phone _____ Address _____

Do you have any allergies?

Yes

No

If yes, please list: _____

List any medical problems that you have _____

List all medication you are taking _____

Please fill in this form and fax it IMMEDIATELY with PHOTO ATTACHED then hand the original copy on the Registration Day to: Housing Office, Al Akhawayn University P.O. Box 104 Ifrane Morocco. Fax N°: 035-56-71-47

Resident Name:..... ID:.....

Building:..... Room:..... Type:..... Phone Extension:.....

Semester..... Roommate Name:.....

	Commodity Furniture	Check in		
Chairs	Wooden chair - Nbr:.....	<input type="checkbox"/> Ok	<input type="checkbox"/> dirty <input type="checkbox"/> burnt <input type="checkbox"/> broken <input type="checkbox"/> scratched <input type="checkbox"/> Perforated	<input type="checkbox"/> Ok <input type="checkbox"/> dirty <input type="checkbox"/> burnt <input type="checkbox"/>
	Rocking chair - Nbr:.....	<input type="checkbox"/> Ok	<input type="checkbox"/> dirty <input type="checkbox"/> burnt <input type="checkbox"/> broken <input type="checkbox"/> scratched <input type="checkbox"/> Perforated	<input type="checkbox"/> Ok <input type="checkbox"/> dirty <input type="checkbox"/> burnt <input type="checkbox"/>
	Stackable/Plastic chair Nbr:.....	<input type="checkbox"/> Ok	<input type="checkbox"/> dirty <input type="checkbox"/> burnt <input type="checkbox"/> broken <input type="checkbox"/> scratched <input type="checkbox"/> Perforated	<input type="checkbox"/> Ok <input type="checkbox"/> dirty <input type="checkbox"/> burnt <input type="checkbox"/>
	Single / Wooden Chair	<input type="checkbox"/> Ok	<input type="checkbox"/> dirty <input type="checkbox"/> burnt <input type="checkbox"/> broken <input type="checkbox"/> scratched <input type="checkbox"/> Perforated	<input type="checkbox"/> Ok <input type="checkbox"/> dirty <input type="checkbox"/> burnt <input type="checkbox"/>
	Plastic wheelchairs- Nbr:.....	<input type="checkbox"/> Ok	<input type="checkbox"/> dirty <input type="checkbox"/> burnt <input type="checkbox"/> broken <input type="checkbox"/> scratched <input type="checkbox"/> Perforated	<input type="checkbox"/> Ok <input type="checkbox"/> dirty <input type="checkbox"/> burnt <input type="checkbox"/>
Desk & Closet & Cupboard	Student desk	<input type="checkbox"/> Ok	<input type="checkbox"/> burnt <input type="checkbox"/> damaged <input type="checkbox"/> broken <input type="checkbox"/> scratched	<input type="checkbox"/> Ok <input type="checkbox"/> burnt <input type="checkbox"/> damaged <input type="checkbox"/>
	Upper Desk	<input type="checkbox"/> Ok	<input type="checkbox"/> burning marks <input type="checkbox"/> damaged <input type="checkbox"/> broken <input type="checkbox"/> scratched	<input type="checkbox"/> Ok <input type="checkbox"/> burning marks <input type="checkbox"/> da
	4 drawer chests	<input type="checkbox"/> Ok	<input type="checkbox"/> burning marks <input type="checkbox"/> damaged <input type="checkbox"/> broken <input type="checkbox"/> scratched	<input type="checkbox"/> Ok <input type="checkbox"/> burning marks <input type="checkbox"/> da
	Closet	<input type="checkbox"/> Ok	<input type="checkbox"/> burning marks <input type="checkbox"/> damaged <input type="checkbox"/> broken <input type="checkbox"/> scratched	<input type="checkbox"/> Ok <input type="checkbox"/> burning marks <input type="checkbox"/> da
	Closet Drawers	<input type="checkbox"/> Ok	<input type="checkbox"/> burning marks <input type="checkbox"/> damaged <input type="checkbox"/> broken <input type="checkbox"/> scratched	<input type="checkbox"/> Ok <input type="checkbox"/> burning marks <input type="checkbox"/> da
	Table	<input type="checkbox"/> Ok	<input type="checkbox"/> burning marks <input type="checkbox"/> damaged <input type="checkbox"/> broken <input type="checkbox"/> scratched	<input type="checkbox"/> Ok <input type="checkbox"/> burning marks <input type="checkbox"/> da
	Fridge table	<input type="checkbox"/> Ok	<input type="checkbox"/> burning marks <input type="checkbox"/> damaged <input type="checkbox"/> broken <input type="checkbox"/> scratched	<input type="checkbox"/> Ok <input type="checkbox"/> burning marks <input type="checkbox"/> da
	Cupboard(TV & fridge)	<input type="checkbox"/> Ok	<input type="checkbox"/> burning marks <input type="checkbox"/> damaged <input type="checkbox"/> broken <input type="checkbox"/> scratched	<input type="checkbox"/> Ok <input type="checkbox"/> burning marks <input type="checkbox"/> da
Bedding	Bed	<input type="checkbox"/> Ok	<input type="checkbox"/> burning marks <input type="checkbox"/> damaged <input type="checkbox"/> broken <input type="checkbox"/> scratched	<input type="checkbox"/> Ok <input type="checkbox"/> burning marks <input type="checkbox"/> da
	Bed Drawers	<input type="checkbox"/> Ok	<input type="checkbox"/> burning marks <input type="checkbox"/> damaged <input type="checkbox"/> broken <input type="checkbox"/> scratched	<input type="checkbox"/> Ok <input type="checkbox"/> burning marks <input type="checkbox"/> da
	Upper Bed	<input type="checkbox"/> Ok	<input type="checkbox"/> burning marks <input type="checkbox"/> damaged <input type="checkbox"/> broken <input type="checkbox"/> scratched	<input type="checkbox"/> Ok <input type="checkbox"/> burning marks <input type="checkbox"/> da
	Mattress	<input type="checkbox"/> Ok	<input type="checkbox"/> stained <input type="checkbox"/> Burnt <input type="checkbox"/> Torn	<input type="checkbox"/> Ok <input type="checkbox"/> stained <input type="checkbox"/> Burnt
	Bed Spread	<input type="checkbox"/> Ok	<input type="checkbox"/> stained <input type="checkbox"/> torn <input type="checkbox"/> missing <input type="checkbox"/> burnt	<input type="checkbox"/> Ok <input type="checkbox"/> stained <input type="checkbox"/> torn <input type="checkbox"/> r
	Dressing Mirror	<input type="checkbox"/> Ok	<input type="checkbox"/> missing <input type="checkbox"/> Broken <input type="checkbox"/> removed	<input type="checkbox"/> Ok <input type="checkbox"/> missing <input type="checkbox"/> Broken
Room	Phone set	<input type="checkbox"/> Ok	<input type="checkbox"/> missing <input type="checkbox"/> Damaged <input type="checkbox"/> removed	<input type="checkbox"/> Ok <input type="checkbox"/> missing <input type="checkbox"/> Damage
	Outlets	<input type="checkbox"/> Ok	<input type="checkbox"/> missing <input type="checkbox"/> Damaged <input type="checkbox"/> removed	<input type="checkbox"/> Ok <input type="checkbox"/> missing <input type="checkbox"/> Damage
	Cleaning	<input type="checkbox"/> Ok	<input type="checkbox"/> Unclean Number of Hours :	<input type="checkbox"/> Ok <input type="checkbox"/> Unclean Num

	Door s	<input type="checkbox"/> Ok	<input type="checkbox"/> burning marks <input type="checkbox"/> damaged <input type="checkbox"/> broken <input type="checkbox"/> scratched	<input type="checkbox"/> Ok	<input type="checkbox"/> burning marks <input type="checkbox"/> da
	Room Heater	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Removed <input type="checkbox"/> Deformed	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Remov
	Bath Heater	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Removed <input type="checkbox"/> Deformed	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Remov
	Room Curtains	<input type="checkbox"/> Ok	<input type="checkbox"/> stained <input type="checkbox"/> torn <input type="checkbox"/> missing <input type="checkbox"/> burnt	<input type="checkbox"/> Ok	<input type="checkbox"/> stained <input type="checkbox"/> torn <input type="checkbox"/>
	Walls (room & bath)	<input type="checkbox"/> Ok	<input type="checkbox"/> Scrached <input type="checkbox"/> Uncleaned	<input type="checkbox"/> Ok	<input type="checkbox"/> Scrached <input type="checkbox"/> Unclean
	Roof (room & bath)	<input type="checkbox"/> Ok	<input type="checkbox"/> Scrached <input type="checkbox"/> Uncleaned	<input type="checkbox"/> Ok	<input type="checkbox"/> Scrached <input type="checkbox"/> Unclean
	Floor (room & bath)	<input type="checkbox"/> Ok	<input type="checkbox"/> Scrached <input type="checkbox"/> Uncleaned	<input type="checkbox"/> Ok	<input type="checkbox"/> Scrached <input type="checkbox"/> Unclean
Bathroom	Plastic Garbage can	<input type="checkbox"/> Ok	<input type="checkbox"/> Broken <input type="checkbox"/> Burnt <input type="checkbox"/> Missing <input type="checkbox"/> Damaged	<input type="checkbox"/> Ok	<input type="checkbox"/> Broken <input type="checkbox"/> Burnt [<input type="checkbox"/>
	Metal Garbage can- Nbr:	<input type="checkbox"/> Ok	<input type="checkbox"/> Broken <input type="checkbox"/> Burnt <input type="checkbox"/> Missing <input type="checkbox"/> Damaged	<input type="checkbox"/> Ok	<input type="checkbox"/> Broken <input type="checkbox"/> Burnt [<input type="checkbox"/>
	Metal Soap dish- Nbr:	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Missing <input type="checkbox"/> Removed	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Missing
	Glass/Plastic Soap Dish - Nbr:	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Missing <input type="checkbox"/> Removed	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Missing
	Bath Mirror	<input type="checkbox"/> Ok	<input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> removed	<input type="checkbox"/> Ok	<input type="checkbox"/> Missing <input type="checkbox"/> Broken
	Coat Hanger	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Missing	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Missing
	Towel Hanger	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Missing	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Missing
	Tap, Sanijura	<input type="checkbox"/> Ok	<input type="checkbox"/> Buning marks <input type="checkbox"/> Damaged	<input type="checkbox"/> Ok	<input type="checkbox"/> Buning marks <input type="checkbox"/> Dan
	Toilet Brush	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Missing	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Missing
	Toilet Hanger	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Missing	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Missing
	Bath Curtain	<input type="checkbox"/> Ok	<input type="checkbox"/> Stained <input type="checkbox"/> Torn <input type="checkbox"/> Missing <input type="checkbox"/> Burnt	<input type="checkbox"/> Ok	<input type="checkbox"/> Stained <input type="checkbox"/> Torn <input type="checkbox"/>

For Studio Residents' Use Only					
Kitchen	Fridge	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Unfrozen	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Unfroze
	Freezer door	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Missing	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Missing
	Cupboard's door	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Burning marks	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Burning
	Extractor Hood	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Removed	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Remove
	Oven	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Removed	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Remove
	Table	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Burning marks	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Burning
	Sofa	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Burning marks	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Burning
	Stool	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Missing	<input type="checkbox"/> Ok	<input type="checkbox"/> Damaged <input type="checkbox"/> Missing
	Sink	<input type="checkbox"/> Ok	<input type="checkbox"/> Deformed <input type="checkbox"/> Marked	<input type="checkbox"/> Ok	<input type="checkbox"/> Deformed <input type="checkbox"/> Marke
Room.Key	<input type="checkbox"/> Issued	Date:	Student signature:	Room Key	<input type="checkbox"/> Returned Signature:
	<input type="checkbox"/> Issued	Date:	Student signature :		<input type="checkbox"/> Returned Signature:
	<input type="checkbox"/> Issued	Date:	Student signature :		<input type="checkbox"/> Returned Signature:

S.Keys	<input type="checkbox"/> Issued Date: Student signature:	S.Keys	<input type="checkbox"/> Returned Signature:
	<input type="checkbox"/> Issued Date: Student signature:		<input type="checkbox"/> Returned Signature:
	<input type="checkbox"/> Issued Date: Student signature:		<input type="checkbox"/> Returned Signature:
	Keys References: 1 2 3.....		<input type="checkbox"/> Unreturned

Check in	Housing Officer: <i>Name Signature Date</i>	Check out	Housing Officer: <i>Name Signature Date</i>
	Student: <i>Signature Date</i>		Student: <i>Signature Date</i>

Important Note:

I understand that I will be charged for any additional damages not indicated above. I understand that there will be additional charges if the room is damaged. I have 30 minutes to inform the Hall Director on duty about any damages not listed above. Closet and drvaer keys are inupon request , except for locks

Student's Observation

For Housing Officer Use Only

The resident is **CLEARED** The resident is **NOT CLEARED**

Charges to be applied: _____

Items to be repaired or replaced: _____

SA/HSN/106

Room	Student Name	Enr.status	H. Status	Bldg/Rm	Door key	Closet keys	Plw	Blkt	Strg area	Cfiscat	Date	St. signat	HD
------	--------------	------------	-----------	---------	----------	-------------	-----	------	-----------	---------	------	------------	----

05		pre-reg	T.Check	37/105		<u>H123/609/449</u>							
05		pre-reg	T.Check	37/105		<u>H106/163/792</u>							
06		Pre-reg	S.Rm										
06		pre-reg	S.Rm										
07		Pre-reg	S.Rm										
07		Pre-reg	S.Rm										
08		Pre-reg	T.Check	27/203		H984/672/217							
08		pre-reg	S.Rm			H87/426/973							
11		pre-reg	S.Rm		R	<u>H33/80/761</u>							
11		pre-reg	S.Rm		R			1 BL					
12		Grad	T.Check					1 BL					
12		Pre-reg	S.Rm			fch DOOR							
14		pre-reg	S.Rm			<u>H622/75/457</u>		1 BL					
14		pre-reg	S.Rm			<u>H75/1043/513</u>		1 BL					
15		Pre-reg	S.Rm			H419/427/360							
15		Going on Exch	T.Check			H803/318/101							
16		Pre-reg	S.Rm										
16		Pre-reg	T.Check	32/04		fch door							
17		Pre-reg	S.Rm										
17		Pre-reg	S.Rm			fch door							
102		pre-reg	S.Rm					1 BL					
103		Pre-reg	S.Rm			H359/109/517		1 BL					
103		pre-reg	S.Rm			H451/641/833		1 BL					
104		Not-pre- reg	T.Check			H271/509/512							
104		Pre-reg	S.Rm										

Housing Assignment
(For Housing location change, New assignment)

Resident name: _____ **Date:** _____

Resident status: *Staff* *Faculty, School* *Student: ID* _____

Housing location change

Date of change _____

As of this date the above mentioned resident will move

<u>From</u>	<u>To</u>
<input type="checkbox"/> Room Single # _____	<input type="checkbox"/> Room Single # _____
<input type="checkbox"/> Room Double # _____	<input type="checkbox"/> Room Double # _____
<input type="checkbox"/> Studio Single # _____	<input type="checkbox"/> Studio Single # _____
<input type="checkbox"/> Studio Double # _____	<input type="checkbox"/> Studio Double # _____
<input type="checkbox"/> 1 BR Apt Single # _____	<input type="checkbox"/> 1 BR Apt Single # _____
<input type="checkbox"/> 1 BR Apt Double # _____	<input type="checkbox"/> 1 BR Apt Double # _____
<input type="checkbox"/> 2 BR Apt Single # _____	<input type="checkbox"/> 2 BR Apt Single # _____
<input type="checkbox"/> 2 BR Apt Double # _____	<input type="checkbox"/> 2 BR Apt Double # _____
<input type="checkbox"/> Off- campus	<input type="checkbox"/> Off-campus
<input type="checkbox"/> AUI off-Campus Residence # _____	
Shared with _____	Shared with _____
<i>(N/A if not applicable)</i>	<i>(N/A if not applicable)</i>

New assigned residents

Please charge the above mentioned resident the following housing fees

Date of Housing assignment _____

Single room _____

Double room, shared with _____

Single studio _____

Double studio, shared with _____

Single 1 Bd Apt _____

Double 1 Bd Apt, shared with _____

Single 2 Bd Apt _____

Double 2 Bd Apt, shared with _____

Prepared by _____

	Print Name & position	Signature
Approved by: <i>Housing Acting Director</i>	_____	_____
	Signature	Date
Approved by: <i>VPSA</i>	_____	_____
	Signature	Date
Approved by: <i>VPFA</i>	_____	_____
	Signature	Date

<i>Human Resource Management</i>	_____	_____
	Signature	Date
<i>Business Office</i>	_____	_____
	Signature	Date

Housing Offices

Room Reservation/Change Request

Name: _____ ID number: _____
Current campus address: Bldg.: _____ Room: _____ Ext.: _____
External e-mail address: _____

Important

- Room changes will be made only if the necessary space can be found
- Filling in this form does not guarantee any resident that a room change will be made
- All residents will be notified about any room changes by the end of the semester

• Request of Room Change

Do you wish to be in a specific building? Yes No

If yes: - First choice: Bldg. _____ Room: _____

- Second choice: Bldg. _____ Room: _____

- Third choice: Bldg. _____ Room: _____

- Otherwise Keep Room: Yes No

Roommate name: _____ Roommate signature: _____

• Request of Corner Room

Yes Ground Floor Upper Floor Bldg 1 Bldg 2 Bldg 3

Roommate name: _____ Roommate signature: _____

• Request of Single Room

Yes Ground Floor Upper Floor Bldg 1 Bldg 2 Bldg 3

• Request of Studio Room

Yes Middle Corner Bldg 1 Bldg 2 Bldg 3

Roommate name: _____ Roommate signature: _____

P.S.: The Housing Office will make every effort to honor housing preferences requests on a first come first served basis, subject to availability

Date: _____

Signature: _____

Housing Office Use Only

Request satisfied: - Room: Yes No Keep room - Roommate: Yes No Keep roommate

Supervisor Comments: _____

Room Reservation Receipt

To: _____ ID# _____ Date: _____

Nature of Room Reservation:

Single Bldg1 Bldg2 Bldg3 Ground Floor 3rdFloor _____

Studio Bldg1 Bldg2 Bldg3 Corner Middle

Corner Bldg1 Bldg2 Bldg3 Ground Floor 1stor 2ndFloor

Nature of Room Change:

1-Bldg Room

2-Bldg Room 3-Bldg Room

Important: Any Housing Request cancellation should be made before the end of the same semester or session

Roommate:

Exchange Roommate _____

International Roommate _____

New Comer Roommate _____

Roommate Name _____

Supervisor of Women'/ Men's Dorms



Housing Services

HOUSING APPLICATION

Al Akhawayn Residences of Ifrane

Name: _____

School/Department: _____ Date of application: _____

Accommodation Requested

Size		Monthly Rent		Monthly Rent
1- One bedroom:	<input type="checkbox"/> Furnished	2500 Dh	<input type="checkbox"/> Unfurnished (when available)	2000 Dh
2- Two bedroom small:	<input type="checkbox"/> Furnished	3200 Dh	<input type="checkbox"/> Unfurnished (when available)	2700 Dh
3- Two bedroom Large:	<input type="checkbox"/> Furnished	3700 Dh	<input type="checkbox"/> Unfurnished (when available)	3200 Dh
4- Three bedroom:	<input type="checkbox"/> Furnished	4200 Dh	<input type="checkbox"/> Unfurnished (when available)	3700 Dh

Preferences (If any)

Building number: Ground Floor 1st Floor 2nd Floor 3rd floor

Would you like to have a phone line in your apartment ?

Yes No

Important clauses:

- Residents have to pay their utility bills (Electricity, Water, telephone)
- Tenants will be charged for the replacement cost of all consumables while the university will provide labor

Signature: _____

Housing Office Use only

Assignment:

Building number :

Apartment:

Type: _____ Furnished Unfurnished

Date of Assignment: _____

Signature: _____

SA/HSN/113



Housing Services
HOUSING ASSIGNMENT (FACULTY & STAFF)

Name: _____

School/Department: _____

Date of application: _____

Accommodation Requested
Off campus residential area

Accommodation Assigned
Main Campus

Size		Monthly Rent	Size	*Monthly Rent
1- One bedroom:	<input type="checkbox"/> Furnished	2500 Dh	1- One bedroom:	<input type="checkbox"/> 3200 Dh
2- Two bedroom small:	<input checked="" type="checkbox"/> Furnished	3200 Dh	2- Two bedroom:	<input checked="" type="checkbox"/> 4000 Dh
3- Two bedroom Large:	<input type="checkbox"/> Furnished	3700 Dh		
4- Three bedroom:	<input type="checkbox"/> Furnished	4200 Dh		

* The monthly rent includes utility costs+ internal phone

We have received your application for University Housing starting Fall 2003. We would like to let you know that we would be glad to accommodate you. However, due to the current housing unavailability in the off-campus residential area, we will assign you an apartment in the University campus as a temporary residence until such time as an apartment of the type you requested becomes available at the end of the semester.

Please note that you will not be required to move during the semester.

Would you please fax this attachment at 00212 055 567147 to confirm the offer:

"I, the undersigned, agree to accept the temporary arrangement and to move should an apartment of the type I requested become available at the end of the semester".

Signature: _____

Housing Office Use only

Assignment:

Building number:

Apartment:

Date of Assignment: _____ Signature: _____

SA/HS/114

Housing Services

Housing Voucher

Voucher Number: _____ (assigned by Housing)

Date: _____ School, Department: _____

Please check one: Cost Center: _____ Guest Payment

Date of Arrival _____ Time of Arrival: _____

Date of Departure: _____ Time of Departure: _____

Responsible AUI Contact: _____ Purpose of Visit: _____

Please complete name of guest and type of accommodation. (Please feel free to continue on the next page if the number of guests exceeds 5)

Guest's Name	2 BR	1 BR	Std	Sg	Db	Special services/extra features	Ngts	Bg	R	Rate	Amount
TOTAL											

Approved by: Executive officer: _____ Date: _____

(Signature)

VPSA: _____ Date: _____

(Signature)

(* We offer accommodations with Hotel mode standard services (towels, toilet paper, sheets and blankets). Additional services/features depend on the nature of the accommodation. Extra services should be clearly specified

	Fridge	TV	Tel	Flowers	Kitchen utensils	Drinks	Fruits	Rates
Room	N.A	Opt	Opt	Opt	NA	Opt	Opt	250Dh Single / 300Dh Double
Studio	✓	Opt	Opt	Opt	Opt	Opt	Opt	450 Dh
Apt	✓	✓	✓	Opt	✓	Opt	Opt	600Dh:1B / 700Dh:2BR

VIP	✓	✓	✓	Opt	✓	✓	✓	100 Dh extra
-----	---	---	---	-----	---	---	---	--------------

Opt : optional

(Housing Services Use Only)

Approved: _____ Date: _____ Damages to be billed (if any) _____ Dh

(Business Office Use Only)

Amount to be paid: _____ Invoice (if applicable) : _____

Mode of Payment -- in-house Billing: _____ Cash: _____ Check (attach copy of Check) : _____

Coding: Amount _____ Account _____ Cost Center _____

SA/HS/115



Cleaning Request Form

Date :

Requester's Name :

Bldg:Room:

I would like to have the cleaning team to clean my room /Apartment forhour(s). I'll be charged on a basis 25 Dhs per hour.

Total:Dhs

Receipt serial N° :

Supervisor Name:

Signature:

(Réserve au service de la Maintenance)

Nom de la femme de chambre:

Nom de supervisor:Signature:



Health Incident Report

Date of the incident: _____ Time: _____ Location: _____

Resident Name: _____ Bldg.: _____ Room: _____

Kind of emergency (check all that applies):

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Stomach-ache | <input type="checkbox"/> Allergy |
| <input type="checkbox"/> Throat infection | <input type="checkbox"/> Attack of nerves | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Toothache | <input type="checkbox"/> Periods pain |
| <input type="checkbox"/> Influenza | <input type="checkbox"/> Cold | <input type="checkbox"/> Bleeding |
| <input type="checkbox"/> Other: | | |
-

The university physician _____ was called at: _____
Print Name

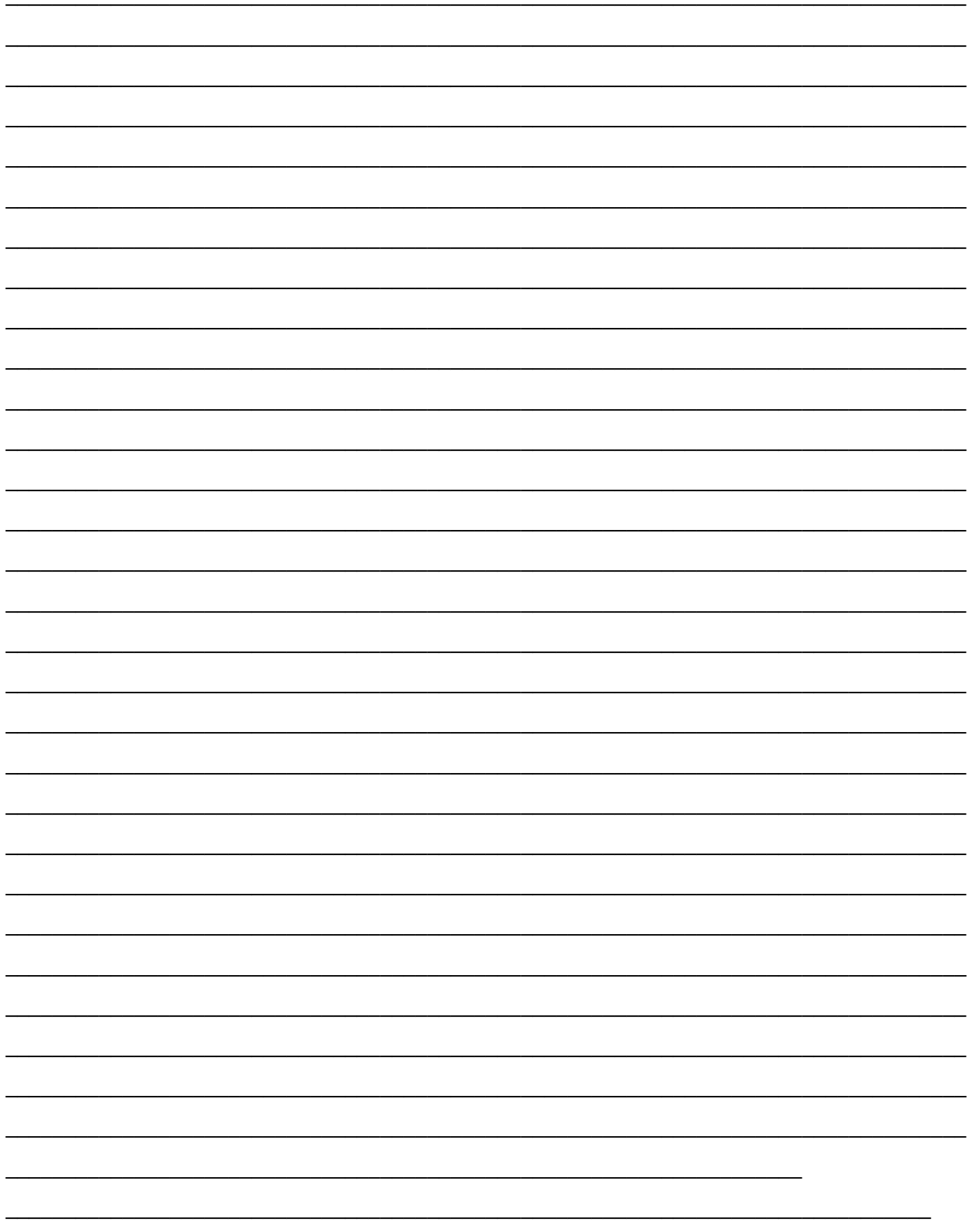
and treated the patient at: _____

- First Aid stock: Medicines administered: _____
- Ifrane Hospital
- Conventional - Hospital

The patient was transferred by: Ambulance
 Other: _____

The patient was accompanied by: _____
Print Name & Position

Describe all pertinent details of the incident:



Housing Staff Member: _____
Print Name Date Signature

SA/HS/117



Request for Reimbursement of Employee Expenses

Name of Employee _____ Date _____

School or Department _____ Cost Center to be Charged _____

Purchase Request # _____

Date of Expense	Description of Expenditures	Amount	For Accounting Use	
			Account	Cost Ctr.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Amount of Reimbursement Requested _____

AMOUNT OF REIMBURSEMENT APPROVED _____

Receipts for all purchased items must be attached to this form.

Employee _____
(Name and Tittle) (Signature) Date

Approved for payment: _____
Dean or Director Date

Approved for payment: _____
Vice President Date

Approved for payment: _____
President, if Required Date

ACCOUNTING Use _____

Payment Details:
Check number _____ Bank _____
Date of Payment _____ Check Amount _____

SA/HS/118



Housing Services

Inventory: (Fall/ Spring/ Summer)

Date: _____
Housing Officer: _____
Building: _____

Room	Electricity	Plumbing	Carpentry	Masonry	Painting	Chairs	Others
04							
05							
06							
10							
11							
15							
16							
17							
102							
103							
109							
110							
111							
303							
304							
305							
306							
307							
308							
309							
310							
311							
312							
St							

Kitchen								
Hallways								
Garbage Room								

Pending Tasks:

Plumbing	Carpentry	Masonry	Painting	Chairs	Others

SA/HS/119

AL AKHAWAYN UNIVERSITY

Purchase Requisition

(Services: rental, flight tickets booking, packages delivery, outside printing ...)

PR Number: _____ Date: _____ Cost center: _____

School or Department: _____ Budget Reference: _____

<i>Description of items</i>	<i>Further specifications*</i>	<i>Purpose</i>	<i>Qty</i>	<i>Delivered</i>	<i>Observations</i>

* Includes itinerary time, period interval...etc. all elements needed to rapidly process your orders

** refers to the time you want the service to be delivered. Keep in mind that all requests need at least 4 weeks to be processed

Indicate the building number and room for the delivery to be made

The person to receive the delivery & phone number

SIGNATURES :

Preparer of Purchase Request:

Print Name & Position

Signature

Dean or Department Head Approval:

Vice President Approval:

President's Approval:

VPFA's Approval:
INSTRUCTIONS:

All purchase requests once signed by the head of the department should be handed to the purchasing department

You are welcomed to make suggestions and propose price quotes from competitive suppliers in order to negotiate better deals

Acknowledgement of delivery

Print Name

Acknowledgement of receipt

Signature

Date

Print Name

Signature

Date

SA/HS/120



Grounds & Maintenance

REQUEST FOR UNIVERSITY VEHICLE

Date: _____ School or Department _____ Cost Center _____

Destination _____ Purpose _____

Departure Information: Date _____ Time _____ From _____

Return Information: Date _____ Time _____ On-Campus Contact _____

Persons Leaving With Vehicle _____

Person Requesting Transportation

Dean

V.P.

Vehicle Coordinator

Signature

Signature

Signature

Signature

For G & M Use Only

ORDRE DE MISSION

Le conducteur _____ est autorisé à conduire le véhicule de marque _____ n° _____ appartenant à l'Université Al Akhawayn à Ifrane.

Carburant _____

Km/départ _____ Km/arrivée _____ Km/parcours _____

Date _____ Directeur G & M _____ Signature _____

REQUEST OF REIMBURSEMENT OF DRIVER'S EXPENSES

Name of Driver _____ A.U.I. Car Used: Make _____ N° _____

Date of Expense	Description of Expenditure	Amount	<i>For Accounting Use</i>	
			Account	Cost Center
.....
.....
.....
.....

Total Amount of Reimbursement Requested _____

Je soussigné.....certifie avoir reçu la somme de DH.....qui m'est due pour mon déplacement sus-mentionné.

Driver

Director of G & M

Accounting Manager

Signature

Signature

SA/HS/121



*Housing
Services*



Weekly Charges & fines Status

Date: _____

Student's Name	ID	Nature		Total	Comments
		Master Key Use	Overnight(s) fees		
		✓		50.00(DHs)	4th time(Apr 6, 07)
		✓		25	3rd time(April 22 ,07)
		✓			3rd time(Apr 17, 07)
			✓	75	1 night(Apr 25, 07)
			✓	75	1 night(Apr 26, 07)
			✓	150	1 night
Grand Total				375	

Prepared by: _____

Male dorms supervisor

female dorms supervisor

Approved by: *Housing Director* _____

Signature

Date

Approved : *VPSA* _____

Signature

Date

Approved : *VPFA* _____

Signature

Date



Housing Status Adjustment

(For Housing location change, new assignment)

Resident name: _____

Date: _____

Resident status: Staff Faculty

Student: ID# _____

Housing location change

Date of change: _____

From	Rate	Comment	To	Rate	Comment

Prepared by: _____

Print Name & position

Signature

Approved by: *Housing Director*

Signature

Date

Approved by: *VPFA*

Signature

Date

Approved by: *VPFA*

Signature

Date

Prepared **Mohamed Naji**
by: _____
Print name

Signature

Approved by: Housing Director _____

Approved by: VPSA _____

Approved by: VPFA _____

SA/HS/124