

APPLICATION FOR EXTRA DUTY PAY

A: To be completed by the Applicant:

- 1. Name
- 2. Department:.....
- 3. Check Number:.....
- 4. Extra Duty pay rate per day:.....
- 5. Details of Extra Duty pay required:

(a) Number of days worked overtime:.....

(b) Dates worked:.....

(c) Nature of work done:.....

.....

.....

(d) Total Amount payable:.....

I hereby certify that the particulars given above are correct to the best of my knowledge and that I will have to work overtime from..... toduring the weekdays and from..... to.....on week-ends and Holidays

Date:

.....
(Signature of Applicant)

B: To be Completed by the Head of Section:

I recommend that.....be paid shs.....as Extra duty pay for.....days and that I personally inspected the work for which this pay is being paid for is done correctly.

Date:.....

.....
(Signature of the Head of Section)

C: To be completed by the Authorising Officer:

I approve/do not approve the payment of shs.....being extra duty pay for.....days as applied for.

Date:

.....
(Signature of Authorising Officer)