

DIRTY JOB ALLOWANCE CLAIM FORM

Name: _____ Payroll No: _____

Post title: _____

Post No: _____ Grade: _____

Department: _____ Ministry: _____

I hereby claim dirty job allowance in respect of the hours of work listed below:

Date	From	To	Description Of Work	Hours
Total				

Signature of the Applicant: _____ Date: _____

Signature of Supervisor: _____ Date: _____

TO BE COMPLETED BY THE DIRECTOR OF DEPARTMENT

Dirty Job Allowance equals 50% extra for each hour the unpleasant work is performed.

- Normal hourly rate: VT _____ Divided by 2 = VT _____ per hour extra for the duration of the unpleasant work.

Debit to Chapter Head: _____

Directors - Name: _____ Signature: _____

Name of Department: _____ Date: _____

UPON COMPLETION, FORM TO BE SUBMITTED DIRECT TO THE DEPARTMENT OF FINANCE ON A MONTHLY BASIS OR WHERE MINISTRIES ARE ENTERING DATA ON PAYROLL, TO THE MINISTRY HRO.