

TURKS AND CAICOS ISLANDS GOVERNMENT

APPENDIX B FORM

AUTHORIZATION TO AMEND PERSONNEL AND PAYROLL RECORDS

To the Human Resource Director:

I certify that the under-mentioned Employee's circumstances have changed as indicated below with effect from the date(s) stated:

Reason for Change of Employee Status:

Employee Name: _____ Employee ID. _____

Department: _____ Position Held: _____

PERSONNEL EMOLUMENTS AMENDMENTS:

(A) BASIC SALARY: De/Increase from \$ _____ to \$ _____ Effective Date ____/____/____

(B) ALLOWANCES	Awarded at the rate of	Start Date	End Date
i. Housing Allowance	\$ _____	____/____/____	____/____/____
ii. Transportation Allowance	\$ _____	____/____/____	____/____/____
iii. Telephone Allowance	\$ _____	____/____/____	____/____/____
iv. _____ Allowance	\$ _____	____/____/____	____/____/____
v. _____ Allowance	\$ _____	____/____/____	____/____/____

DEDUCTIONS FROM PAYROLL

A deduction in respect of _____
At the rate of \$ _____ should be made/increased/reduced/stopped effective ____/____/____ (cross out all words which are inapplicable)

OTHER OCCURENCES

State here any change of circumstances which cannot be shown above, for example grant of leave on half pay, leave without pay, intended resignation, and transfer to another appointment, etc.

Signed By: _____ Signed By: _____

HOD

Date

DG /PS/ AO

Date

FOR HUMAN RESOURCE DEPARTMENT USE

Comment:

Human Resource Director

Date