

SCHEDULE C

TRADITIONAL PUBLIC SERVICE RESIDUAL SALARY ARREARS CLAIM FORM

SECTION A: Claimant's Details: -

*Ministry/Department/District/Municipality	(Code)	Department	Financial Year
			/ /

Computer No.	Full Names of Claimant	*Post Title	(Code)

Bank Name	*Bank Code	Account Number

Details of Claim: (Indicate reason, months and amount)

I certify that this claim has NOT been paid to me before, that the details given are correct and that I agree to be liable for misrepresentation of the details

Signature: Date:.....

Recommended by: HEAD OF DEPARTMENT

Name:..... Signature & Official Stamp..... Date:.....

SECTION B: Salary Arrears Claim Details: - To be completed by the Accounts Section

Month of Arrears	Reason for Arrears Code	Non Taxable Arrears Amount (Ug. Shs)	Taxable Arrears Amount (Ug. Shs)
TOTAL FOR THIS CLAIM			

Computed by: ACCOUNTS SECTION

Name:.....SignatureDate:.....

1. Ministry/Department/District/Municipality Code; Bank Code; and Post Title Code are reflected on the Payslip.
 2. Reasons for Arrears Codes: See Reverse of Form

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Verified by:	PERSONNEL SECTION
Name:.....Signature & Official Stamp:.....Date:.....	
Verified by:	INTERNAL AUDIT
Name:.....Signature & Official Stamp:.....Date:.....	
Approved by:	ACCOUNTING OFFICER
I authorise that the amount of Arrears of Salaries shown in Section B above are correct and should be paid as Ug. Shsonly.	
Name:.....Signature & Official Stamp:.....Date:.....	

MINISTRY OF PUBLIC SERVICE
Verified/Rejected by:
Name: Signature:..... Date & Official Stamp:.....
Reason(s) for Rejection, if any:-

Reason for Arrears Codes

Code	Narration – Under Payment	Code	Narration – Non Payment
A	Upgraded/Higher qualification	N	
B	Promotion to higher position	O	
C	Acting position/Duty allowance	P	Lifting of Interdiction
D	Annual increments not effected	Q	
E	Basic Salary below scale	R	Contract Renewal
F		S	
G		T	Deleted by error
H		U	Unapplied EFT
I		V	Study leave with pay
J		W	
K	New Employee	X	
L	Deleted due to transfer	Y	
M		Z	

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Form B.05