

RESPONSIBILITY ALLOWANCE FORM

Name of Officer: _____ Payroll No: _____

Post Title: _____ Post Level: _____

Post Number: _____

Additional responsibility(ies) to be given to the Officer in addition to his/her normal duties and responsibilities *(Please attach a copy of the officer's job description):*

Are these additional responsibilities currently being undertaken within the Department: Yes or No *(Please circle)* **If Yes, who is currently undertaking the duties:**

Name of Officer: _____ Post Title: _____

Post Number: _____ Post level: _____

Please attach a copy of this officer's job description)

Why are these responsibilities being transferred to the officer nominated to receive the allowance: _

I recommend that the Officer should receive a responsibility allowance of VT. _____ per annum, in addition to his/her substantive salary for the period from _____ to _____.
(This period is not to exceed six months)

Director - Name: _____ **Signature:** _____

Name of Department: _____ **Date:** _____

I support the Directors recommendation

Director-General - Name: _____ **Signature** _____

Name of Ministry: _____ **Date:** _____

TO BE COMPLETED BY THE SECRETARY, OPSC

APPROVED: YES or NO *(Please circle decision of PSC)* **Date of PSC meeting:** _____

Secretary - Name: _____ **Signature:** _____