

This form is to be completed by the relevant Division manager and HOD then forwarded to GPI Government Treasurer.

Employees Name: _____

Job title: _____

Department: _____ **Division:** _____

Wage: \$ _____

Authorised By:

HOD: _____

Signature: _____

Division manager: _____

Signature: _____

Start payment date: _____

Finish payment date: _____

Note: A copy must go in employees file.