

The Director,  
Salary Service Bureau,  
P.O. Box 8093,  
Causeway.

# ACTING ALLOWANCE

TY 30  
'A' SET

Date-stamp

Name

[Name field]

Ministry/Department

[Ministry/Department field]

Dept/Stn Code

[Dept/Stn Code field]

Month/Year

[Month/Year field]

Please pay an acting allowance to the undermentioned as notified below. (Shaded blocks for SSB use.)

Card type		Section		Subsection	
2	5				
1	2	3	4	5	6

Complete section and subsection.

## PERSON TO WHOM ACTING ALLOWANCE PAYABLE

Employee code number

[Employee code number field]

C/D

[C/D field]

Complete EC No. and C/D. all seven blocks.

Monthly salary

[Monthly salary field]

LEAVE BLANK: SSB to complete.

Monthly rate

[Monthly rate field]

Leave blank spaces in dollar blocks to left of amount inserted. Complete cent blocks with zeros where applicable.

To date

[To date field]

Complete in figures on bottom line, e.g. 1st September, 1979 = 010979.

From date

[From date field]

## DETAILS OF PERSON FOR WHOM ACTING OR POST

Employee code number

[Employee code number field]

C/D

[C/D field]

Name (reference only)  
(State "vacant" if applicable)

Salary code

[Salary code field]

Leave blank  
(SSB to complete)

Grade (reference only)

## PERSON TO WHOM ACTING ALLOWANCE PAYABLE

Monthly salary

[Monthly salary field]

Monthly rate

[Monthly rate field]

(SSB to complete fields 54-78 if an increment falls during period of acting. Change date in field 34-39 to complete previous rate.)

From date

[From date field]

To date

[To date field]

Authorized/Approved by

Date

Head of ministry/Head of department