RESPONSIBILITY ALLOWANCE FORM

Name of Officer: _____

Post Title: _____ **Scale/Level:** _____

Post No: (If Necessary) _____

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 Unit/Section: Yes or No (Please circle) If Yes, who is currently undertaking the duties:

Name of Officer: _____ **Post Title:** _____

Post No: (If Necessary) _____ **Scale/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)

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

Name of the Provincial Council: _____ **Date:** _____

I support the Secretary General's recommendation

President - Name: _____ **Signature** _____

Name of the Provincial Council: _____ **Date:** _____

APPROVED: YES or NO (Please circle decision of PC) **Date of PCmeeting:** _____