# TEACHER`S DETAILS

# SURNAME …………………………………………………………………………………….

# NAMES ……………………………………………………………………………………..

# EMP. NO. ……………………………………………………………………………………..

# ID. NO. ..…………………………………………………………………………………… TEL. NO. ..……………………………………………………………………………………

# CURRENT SALARY ……………………………………………………………………………………..

# SCHOOL DETAILS

# SCHOOL NAME …………………….……………………………………………………………….

# SCHOOL REG. NO. …………………………………………………………………………………….

# DISTRICT …………………………………………………………………………………….

# TELEPHONE NO. …………………………………………………………………………………….

# TYPE OF ARREARS PERIOD: FROM - TO

# IST APPOINTMENT ……………………………………….………

# ACTING ALLOWANCE ………………………………….……………

# SUBSTITUTES …………………………….…………………

# PROMOTIONS ………………….……………………………

# HARDSHIP ALLOWANCE …….…………………………………………

# UNDERPAYMENTS ………………………………………………..

# PREVIOUS PAID ARREARS IF ANY PERIOD PAID AMOUNT

# FIRST APPOINTMENT …………………………… ………………………..

# ACTING ALLOWANCE …………………………… ………………………..

# SUBSTITUTES …………………………… ………………………..

# PROMOTIONS ………………………….... ..………………………

# HARDSHIP ALLOWANCE …………………………… …………..……………

# UNDERPAYMENTS …………………………… ………………………..

# ANY OTHER ARREARS (PLEASE SPECIFY)

# ……………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

# NB: PLEASE NOTE THAT THIS FORM MUST REACH EDUCATION OFFICE (TSD) ON OR BEFORE 31ST MARCH, 2019 TO FACILITATE PAYMENT.