

CHECK LIST

Gratuity Payments

Name of the Employee :
Designation :
Service No :
Date of Retirement :

- | | |
|---|--------------------------|
| 1. Receiving for request letter form SAR Non – Academic Establishment | <input type="checkbox"/> |
| 2. Application form gratuity payment | <input type="checkbox"/> |
| 3. National ID Photo copy (Certified by SAR) | <input type="checkbox"/> |
| 4. Bank Account detail copy (Certified by SAR) | <input type="checkbox"/> |
| 5. Prepared by Signature (Gratuity payment form) | <input type="checkbox"/> |
| 6. Check by Signature (Gratuity payment form) | <input type="checkbox"/> |
| 7. Recommendation Signature - SAB | <input type="checkbox"/> |
| 8. Recommendation Signature - Bursar | <input type="checkbox"/> |
| 9. Recommendation Signature – Senior Internal Auditor | <input type="checkbox"/> |
| 10. Approval from Vice – Chancellor Signature | <input type="checkbox"/> |
| 11. Prepared by Signature (Paying vouchers) | <input type="checkbox"/> |
| 12. Check by Signature (Paying vouchers) | <input type="checkbox"/> |
| 13. Recommendation Signature - AR/ CDCE | <input type="checkbox"/> |
| 14. Approved by Signature - SAR/ CDCE | <input type="checkbox"/> |
| 15. Certification of payments – SAB/ CDCE | <input type="checkbox"/> |
| 16. Send the cheque for the relevant Bank account | <input type="checkbox"/> |

Notes:

Prepared By:
Name :

.....
Signature

Date :

Senior Assistant Bursar/CDCE

Please put “√” if Yes and use “X” for No/NA