

Authority to Pay

To: Human Resource Manager, Payroll

From: Chief Personnel Officer, Human Resource Management Department (HRMD)

Approval is granted for salary to be paid:

Full Name _____
First Middle Last

Post: _____

Address: _____

Telephone # : Cell# _____ Home # _____

Work # _____

Sex: (M/F) _____ Status: (S/M/D) _____

Date of Birth: _____ Social Security #: _____

Bank: _____ Bank Account #: _____

Salary: K _____ \$ _____ per month

Head from which payment should be made: _____

Effective date: _____

Please inform the Director of Audit.

CPO/HRMD

Date