

The Manager
Salary Service Bureau
P. O. Box CY 507
Causeway

TY 30
LOMABIL

Date - stamp

ALLOWANCE/DEDUCTION CHANGE
(Separate form for acting allowance)

(Read coding instructions and notes on the reverse before completing this form)

Type of allowance/deduction

Please give effect to the following allowance/deduction

delete inapplicable

Name

Ministry/Department

X

if deduction, to whom it is payable

TICK WHICHEVER IS APPLICABLE

(Shade blocks for SSB use)

Card Type

Section

Subsection

Employee Code Number

C/D

Complete EC No & C/D blocks

Action Type

All/Ded code

This line to be completed by SSB

Amount non-recurring

AMOUNT: ONE TIME PAYMENT/DEDUCTION

Monthly Rate

AMOUNT RECURRING MONTHLY RATE

From Date

START DATE

To Date

END DATE

Post office no + POSB book no/reference no

REFERENCE NUMBER (DEDUCTIONS ONLY)
(Start from left and complete as necessary)

AUTHORISED/APPROVED BY (PSC approval ref.....dated.....) (where applicable)

.....
Applicant (where applicable)

Date

Head of Ministry/Department

Date (where applicable)