**FORM P8: RESPONSIBILITY ALLOWANCE**

To be completed by the authorising officer.

(GAO 10.3)

**Confidential**

|  |  |  |
| --- | --- | --- |
| **Ministry | Department:** |  |  |
| **Name and Level of Post:** |  |  |
| **Reason for additional duties to be undertaken:** |  | |
| **Name and Level of officer to undertake additional duties:** |  |  |
| **Start date of RA:** |  | |
| **End date of RA:** |  | |

The officer is fully qualified to undertake some of the additional duties of this position, and recommend the payment as per the current allowance circular.

**Additional comments:**

**Name of authorising officer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

**Forward to Human Resource Management for processing**

Comments:

Name of HRM Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**Final endorsement by Secretary to Government:**

Name of Secretary to Government: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_