PAYROLL SYSTEM
AMENDMENT FORM
SINGLE EMPLOYEE ENTRY

OFFICE OF THE _____

FOR THE MONTH OF _____ **/ 202_**

DDO code
(Cost Center) [ ][ ][ ][ ][ ][ ]

Description: _____

Personnel
Number: [ ][ ][ ][ ][ ][ ][ ][ ]

Employee
Name: _____

National ID
Card Number: _____

Grade (Pay
Scale Group) [ ][ ] _____

Salary Status: [ ] Start [ ] Stop

Info Type	General Data Change		Change in Payments/Deductions				Effective Date	Remarks
	Field ID	New Contents	Wage Type		Amount in Rupees			

_____
Prepared By

_____
Audited / Checked By

_____
Entered / Verified By