

Date ¹

Page No. 2

OFFICE OF THE 3

FOR THE MONTH OF 4 / 200

DDO Code (Cost Center)	5						Description	6
---------------------------	---	--	--	--	--	--	-------------	---

Personnel Number ⁷							
----------------------------------	--	--	--	--	--	--	--

Employee Name ⁸

National ID 9
Card Number

Grade (Pay Scale Group)

Salary ¹²
Status ☐ Start ☐ Stop

Prepared By 23

Audited/Checked By 24

25 Entered / Verified By

Specific Instructions

- 1 Add the date of submission of this form.
- 2 Add the page number of this form.
- 3 Add the office name : e.g. Ministry of Commerce/ Govt High School No.2 Peshawar.
- 4 Add the month to which this adjustment relates. E.g. October
- 5 Write DDO Code
- 6 Enter the Description of the DDO Code.
- 7 Add Computer Generated Personnel Number. This is an eight digit code in the new SAP system while 11 digit in the Legacy system.
- 8 Add name of the employee.
- 9 Add National ID Card Number. This is a 11 or 13 Digit code (depending upon issuing authority).
- 10 Self Explanatory
- 11 Add Description of Grade e.g BPS 18.
- 12 In case salary is to be stopped for this employee select "Stop". Where salary payment of an employee whose payment was stopped is to be revived, select "Start".
- 13 These are Non-Monetary changes. E.g. change of Address.
- 14 Refer to List # 19 from the Lists of Codes and select the info type e.g. 009 for change of bank account number.
- 15 Choose the field that requires adjustment. E.g. 60 for change in Bank account number.
- 16 Enter the new contents of change. E.g. bank account number PLS 2779-5
- 17 These are Monetary changes. E.g. Change of amount in recurrent payments/ deduction (allowance).
- 18 Refer to List # 14 and 16 from the Lists of Codes .
- 19 Add Amount in Rupees and Paisa
- 20 Add "P" if the adjustment is in the form of "Payment". Add "D" if the adjustment is a "Debit" adjustment.
- 21 Add date from which this change becomes effective.
- 22 Add any remarks.
- 23 Name and Signature of person preparing this form.
- 24 Name and Signature of certifying officer.
- 25 Name and Signature of person who has entered and verified this form.

1,

ccount number .

nces).