**FORM G5**

**PENDING BILLS VERIFICATION COMMITTEE**

GENERAL PUBLIC

**EMPLOYEE AND LABOUR RELATED PENDING BILLS SUBMISSION FORM**

**PART 1: DETAILS OF THE PENDING BILL CLAIM**

**Name of Individual presenting the Pending Bill:**…………………………………. and

**ID No**. ……………………………………..

Of **P.O. Box** .......................**Code**................................**City/Town**.................................................

**Name of Entity/Institution** where the pending bill is related to: .......................................... ........................................................................................................................................................................................................................................................................................................................

**Description of the pending bill**: ........................…………… ………....……….........……….......................................................................................................... .......................................................................................................................................................................................................................................................................................................................

**Pending Bill Amount** KES: ……………………………...............................................................

**Month and Financial Year/Date When Pending Bill Occurred**: ............................................................................................................................................................

**Name of the Office/ Officer you dealt with** when the Contract was Signed ...................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**PART 2: PENDING BILL SUBMISSIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/No.** | **REQUISITE DOCUMENTS REQUIRED** | |  |
| **A.** | **UNPAID SALARY ARREARS, ALLOWANCES AND PENSION** | | |
|  | Certified Letters of appointment from the Employer | |  |
|  | KRA PIN Certificate. | |  |
|  | Certified letters of Promotions from the Employer | |  |
|  | i. | Personal Number / Employees Establishment Number |  |
| ii. | Designation |  |
| iii. | Terms of Employment |  |
|  | Letter of Contract Termination (where applicable) | |  |
|  | Short-term Contractual Letters (Contract Staff, Part time Staff, Casuals etc) | |  |
|  | Period of Unpaid Salary Arrears (Months/Years) | |  |
|  | Unpaid salary arrears and allowances | |  |
|  | Any other Additional Information | |  |
|  |  | |  |
| **B.** | **UNCLAIMED WORK INJURY BENEFITS ACT (WIBA)** | |  |
|  | Certified Letters of appointment from the Employer | |  |
|  | KRA PIN No. Certificate | |  |
|  | Certified letters of Promotions from the Employer | |  |
|  | i. | Personal Number / Employees Establishment Number |  |
| ii. | Designation |  |
| iii. | Terms of Employment |  |
|  | Date of Accident | |  |
|  | Police Abstract | |  |
|  | Ministry of Labour Report/ Occupational Safety & Health Authority | |  |
|  | Medical Board Report | |  |
|  | Date Claim was launched to the Relevant Authority | |  |
|  | Accident Claim Amount | |  |
|  | Any Payment Made | |  |
|  | Any Outstanding Balance | |  |
|  |  | |  |