**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**

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| --- | --- | --- |
| **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 |  |
|  |  |  |