

# ANNEX D: MAIN REGISTRATION FORM – CSV



## GOVERNMENT OF SIERRA LEONE ACCOUNTANT GENERAL'S DEPARTMENT

### CIVIL SERVANT DATA SHEET

Every government employee must complete this form.

**This Form Must Not Be Duplicated! Please note that giving false information is a criminal offence!**  
Please attach PHOTOCOPIES of the letters of your Present Appointment and Acting Appointment (if any)

1. First/Other Name(s): .....

2. Title/Surname: .....

3. Designation: .....  
Please write only your present substantive designation which must be indicated on your letter of appointment attached and not your acting

4. Employment Status: (select one)  Permanent & Pensionable  Class II Pensionable  Work Service Employee  
 Temporary  Daily Waged  Contract  Others (state).....

PIN Code: 



 (For Official Use Only)

6. Date of Birth: 

		19....
<i>date</i>	<i>month</i>	<i>year</i>

7. Gender  
 Male  
 Female  
*Select one*

8. Marital Status  
 Married  
 Single  
*Select one*

9. Residential Address: .....

10. Residential Phone No: ..... 11. Work Place Phone No: .....

12. Next Of Kin: .....

13. Date of First Appointment: 

		19...
<i>date</i>	<i>month</i>	<i>year</i>

14. Date of Present Appointment: 

		19...
<i>date</i>	<i>month</i>	<i>year</i>

15. Date of letter present Appointment: 

		19...
<i>date</i>	<i>month</i>	<i>year</i>

16. Department No.: 



 17. Programme No.

18. Status in the Service:  In Post  Vacation leave  Terminal Leave  Interdiction  Study Leave with Pay

Assignment)

Study Leave without Pay  No Pay Leave  Temporary transfer (On

Sick Leave  Indefinite Leave

Commenced Date.....

Expiry Date.....

**Signature of Applicant**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Unit Head**  
(Supervisor of the Duty  
Station)

\_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Unit** (Duty  
Station)

\_\_\_\_\_

**Address of Unit**

\_\_\_\_\_

**Signature of Vote  
Controller**

\_\_\_\_\_ **Date** \_\_\_\_\_

**FINANCIAL /ACCOUNTING DETAILS  
FOR OFFICIAL USE ONLY! - Must be completed by the Accounts Office**

**Computer Number** \_\_\_\_\_ **Basic Monthly Salary** \_\_\_\_\_

Salary Level:  Spinal Point:

**Allowances (per month)**

Medical Allowance:	_____	
Transport Allowance:	_____	
Rent Allowance:	_____	
Full Acting Allowance: *	_____	_____
Special Acting Allowance: *	_____	E.S.O. Letter Reference and Date
Responsibility Allowance: *	_____	_____
Domestic Allowance: *	_____	E.S.O. Letter Reference and Date
Remote Area Allowance:	_____	_____
		E.S.O. Letter Reference and Date

\* Please note that the above allowances can only be paid if there is a supporting document from ESO

**Deductions (per month)**

Widow & Orphans Deduction:	_____	
Income Tax Deduction:	_____	
Union Dues Deduction:	_____	
Advance Repaid Deduction:	_____	
1/2 Pay Deduction:	_____	
Light Deduction:	_____	
Telephone Deduction:	_____	
Rent Deduction:	_____	
Financial Details Entered by	_____	_____
		Date
Database Entry by	_____	_____
		Date
Verification / Clearance by	_____	_____
		Date
Card Produced by	_____	_____
		Date

