



KINGDOM OF LESOTHO
MINISTRY OF EDUCATION AND TRAINING
TEACHERS ARREARS CLAIM FORM

Teaching Service Department Tel: 22 313 527 Fax: 22 310 595 **Private Bag A 94 MASERU 100**

TEACHER'S DETAILS

SURNAME
 NAMES
 EMP. NO.
 ID. NO.
 TEL. NO.
 CURRENT SALARY

SCHOOL DETAILS

SCHOOL NAME
 SCHOOL REG. NO.
 DISTRICT
 TELEPHONE NO.

TYPE OF ARREARS

PERIOD: FROM - TO

| | |
|--------------------|-------|
| IST APPOINTMENT | |
| ACTING ALLOWANCE | |
| SUBSTITUTES | |
| PROMOTIONS | |
| HARDSHIP ALLOWANCE | |
| UNDERPAYMENTS | |

I herein under oath declare that the information provided above is true and correct and I append my signature herein as a verification.

SIGNATURE _____

DATE _____



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| <u>PREVIOUS PAID ARREARS IF ANY</u> | <u>PERIOD PAID</u> | <u>AMOUNT</u> |
|-------------------------------------|--------------------|---------------|
| FIRST APPOINTMENT | | |
| ACTING ALLOWANCE | | |
| SUBSTITUTES | | |
| PROMOTIONS | | |
| HARDSHIP ALLOWANCE | | |
| UNDERPAYMENTS | | |

ANY OTHER ARREARS (PLEASE SPECIFY)

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NB: PLEASE NOTE THAT THIS FORM MUST REACH EDUCATION OFFICE (TSD) ON OR BEFORE 31ST MARCH, 2019 TO FACILITATE PAYMENT.

I herein under oath declare that the information provided above is true and correct and I append my signature herein as a verification.

SIGNATURE _____

DATE _____