



GHANA TECHNOLOGY UNIVERSITY COLLEGE

APPLICATION FOR FUNERAL GRANT

A. APPLICATION – EMPLOYEE

Name of Applicant:.....

Grade:..... Staff Number:.....

Name of Deceased:.....

Age of Deceased:..... Relationship to Employee:.....

Date of Death:..... Date of Burial:.....

Town of Burial:.....

Certificate Attached: Burial Certificate Death Certificate

.....

Signature of applicant

.....

Date

B. VERIFICATION – HR DEPARTMENT

Name of Registered Person:.....

Relation to Employee:.....

Category of Staff:..... Grant: GHC.....

a. Recommended

b. Not Recommended

Justification/Reason for recommending or not recommending

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Name of Officer..... Signature:..... Date.....

C. APPROVAL-PRESIDENT/ VICE PRESIDENT/ REGISTRAR

a. Approved

b. Not Approved

Justification/Reason for approving or not approving.....

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Name of Officer.....Signature:.....Date.....