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In any correspondence on

26th November, 2019



THE REPUBLIC OF UGANDA

Ministry of Finance, Planning & **Economic Development** Plot 2-12, Apollo Kaggwa Road

P.O. Box 8147 Kampala, Uganda

All Accounting Officers, Central and Local Government Votes

SUPPLEMENTARY REQUESTS FOR GRATUITY FOR FY 2019/20

I am in receipt of several letters requesting for additional funding for gratuity to cater for retirees for FY 2018/19 and FY 2019/20.

In the letters referred to above, you have attributed the shortfalls to delayed approval of pension files by the Ministry of Public Service that leads to files being approved in the new financial year and also from enhancements of salaries.

However, although you have attributed the shortfalls to delayed approval of pension files, I have noted that the retirement process on the Integrated Personnel and Payroll System (IPPS) is started late and as a result, files cross over to another financial year thus putting a strain on your budgets.

Therefore, in order to facilitate further analysis of your shortfalls, and to ensure that the adequate funds are provided for all retirees, you are requested to adhere to the following;

- The retirement process for all retirees on the IPPS should be started at i. the beginning of every financial year and payment made upon retirement. This will eliminate the approval of pension files in a new financial year;
- Submit a fully filled retirement claim form for each retiree (for both ii. retirees of FY 2019/20 and FY 2018/19 only as per Annex 1 and 2) to this Ministry accompanied by the IPPS gratuity computation form, a copy of the National Identity Card and bank account details. This

information should reach my office not later than 31st December, 2019; and

iii. Submit quarterly accountability forms to this Ministry and Ministry of Public Service for confirmation that all retirees were paid as budgeted for.

It is upon receipt of the information in (ii) above that this Ministry will consider providing supplementary budgets for the respective Votes.

Keith Muhakanizi

PERMANENT SECRETARY/SECRETARY TO THE TREASURY

Copy to: The Rt. Hon. Prime Minister

All Hon. Ministers and Ministers of State

The Head of Public Service and Secretary to Cabinet

All Residential District Commissioners

All LCV Chairpersons

All Mayors for Municipalities.

## ANNEX 1: SUBMISSION OF GRATUITY CLAIM FOR NEW RETIREES

VOTE NAME: .....

DEPARTMENT: .....

VOTE CODE: .....

			•		Continity Amount	Signature & Mohile
Name of Officer	Post Title at	National ID Number	A	Account Details	Olarate Silloant	T-I
	Retirement		Bank Name	Account Number		l elepnone number
			39 H 1			
Verified by: Chairperson District Pensioners' Association	t Pensioners' Association	Verified by: H	Verified by: Head of Department		Verified by: Head Human Resource Department	ource Department
Name:		Name:	Name:	Nam	Name:	
Title:		Title:	Title:	Title	Title:	
Signature & Stamp	i i i i i i i i i i i i i i i i i i i	Signature & S	Signature & Stamp	Sign	Signature & Stamp	
Audited by: Internal Audit		Verified by: A	Verified by: Accounting Officer			
Name:		Name:	Name:			
Title:		Title:	Title:			
Signature & Stamp:		Signature & S	Signature & Stamp:			

Note: The Required Signature is for the Authorized Beneficiary.

## ANNEX 2: SUBMISSION OF OUTSTANDING PENSION AND GRATUITY ARREARS

DEPARTMENT: .....

VOTE CODE: .....

VOTE NAME: .....

FINANCL	FINANCIAL YEAR OF ACCRUAL:							
Name of Officer	Post/ Title	National ID Number	Reason for	Accoun	Account Details	Calculation of	Total Arrears	Signature & Mobile
			Arrears	Bank Name	Account Number	arrears		Telephone number
Verified	Verified by: Head of Department	ent		Ve	rified by: Head Hur	Verified by: Head Human Resource-Division	<b>-</b>	
Name:	Name:			Na	me:	Name:		
Title:	Title:			Tit	e:	Title:		
Signatur	Signature & Stamp			Sig	nature & Stamp	Signature & Stamp		
Audited	Audited by: Internal Audit			Ve	Verified by: Accounting Officer	ng Officer		
Name:	Name:			Na	me:	Name:		
Title:	Title:			Tit	le:	Title:		
Signatur	Signature & Stamp:	······································		Sig	nature& Stamp:	Signature& Stamp:		

Note: The Required Signature is for the Authorized Beneficiary.