**CNA Payroll / List Checklist**

Schools Division Office:

School:

Address:

Calendar Year:

Supporting Documents: Two (2) copies collated

*(Put N/A if not applicable)*

* [ ]  ***For active employees (ATM)***
* [ ]  Payroll labeled as Active (ATM), signed boxes A, B, C
* [ ]  PACSVAL – Hardcopy
* [ ]  PACSVAL – Softcopy (CD)
* [ ]  ***For retired/resigned employees (ATM)***
* [ ]  Payroll labeled as Retired/Resigned (ATM), signed boxes A, B, C
* [ ]  PACSVAL – Hardcopy
* [ ]  PACSVAL – Softcopy (CD)
* [ ]  ***For retired/resigned employees (Check)***
* [ ]  Signed Payroll labeled as Retired/Resigned (Check), signed boxes A, B, C
* [ ]  ***Request for entitled employees but not included in the masterlist (ATM)***
* [ ]  Request Letter from Head of Agency
* [ ]  Payroll labeled as Entitled Employees Not Included in The Masterlist (ATM), signed boxes A, B, C
* [ ]  PACSVAL – Hardcopy
* [ ]  PACSVAL – Softcopy (CD)
* [ ]  Service Record
* [ ]  ***Request for entitled employees but not included in the masterlist (Check)***
* [ ]  Request Letter from Head of Agency
* [ ]  Payroll labeled as Entitled Employees Not Included in The Masterlist (Check), signed boxes A, B, C
* [ ]  Service Record
* [ ]  ***Not entitled but listed in the masterlist***
* [ ]  List of not entitled personnel, signed by Head of Agency
* [ ]  ***Deceased personnel***
* [ ]  List of deceased personnel, signed by Head of Agency

I hereby certify that above documents are complete and arranged as per checklist.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name / Date

Email Address:

Contact Number/s: