**ROP Loyalty Award / Incentives Checklist**

Payee:

Amount:

Particulars:

Supporting Documents: Two (2) copies collated

*(Put N/A if not applicable)*

***For individual claims***

* [ ]  Service Records
* [ ]  Certificate of non-payment from previous office (for transferee)
* [ ]  Certification from the HRO that the claimant has not incurred more than 50 days authorized vacation leave without pay within 10-year period or aggregate of more than 25 days authorized vacation leave without pay within the 5-year period, as the case may be.
* [ ]  SARO (if applicable)

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

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

Signature over Printed Name / Date

Email Address:

Contact Number/s: