## **YOUTH EMPLOYMENT AGENCY**

## **HEADQUARTERS**

Right Ground Floor - Liberation Towers

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PART 1: TO BE COI	MPLE	TED I	3Y TH	IE BE	NEFI	CIARY	,																												
		NAME:														REGION:																			
		DISTRICT:														MONTH & YEAR:																			
VOUTE EMPLOYMENT AGAIN		MODULE:														UNIT:											_	FREEDOM							
YEA NUM		INS	וטזוד	ION:														SEX:			, [M	ALE	]		F	FEMALE		֝ ֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	E-ZWICH NUMBER						
Beneficiary's Sign							Date: (dd/mm/yyyy):												l								MOBILE MONEY NUMBER								
PART 2: TO BE COI	MPLE	TED I	BY BE	NEFI	CIAR'	Y IN T	HE PE	RESEN	NCE O	F HIS	/HER	IMME	DIATE	SUPI	ERVIS	OR																			
WORKING DAYS	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Work	Total Hou Vac.	Grand	%
DAYS WORKED																																			
Christmas Break																																			
Weekends								-																									<del> </del>	<u> </u>	
Holidays																																	<del>                                     </del>	-	
Personal Days Vacation																																	+	<del>                                     </del>	
Sick Time								1																									+	<del>                                     </del>	
Total																																	+	╁	
PART 3: TO BE COI	MPLE	TED	BY TH	IE BE	NEFIC	CIARY	' IMME	DIAT	E SUP	ERVIS	SOR		<u>.                                      </u>																						•
PUNCTUALITY		V. GOOD		GOOD FAIR			AIR	В	<u> </u>	A T T	TUDE	V. 0					OOD	GOOD		FAIR		BA	BAD		No.	of days worked			Π	No. of days Absent			ent	]	
											ATTITUDE TOWARDS WORK																								
Supervisor's Co	mme	nts/Re	emarl	rs:																															
Supervisor's Name:										Contact:								Supervisor's Signature & Official Stamp:												Date: (dd/mm/yyyy):					
PLEASE NOTE: THIS F	FORM	I IS TO	BE C	OMPL	ETED .	AND S	UBMI	TTED /	AT THE	DIST	RICT C	FFICE	OF TH	IE YOU	JTH EN	MPLOY	YMEN	T AGE	NCY BY	THE	15TH	OF EV	ERY M	ONTH.	FAIL	URE TO	) DO S	o WI	LL ME	AN WI	тнно	LDING C	F BENEFIC	CIARY'S	

YEA FORM B

ALLOWANCE