

## COVID-19 GRIEVANCES REQUEST FORM

Name: \_\_\_\_\_

Date : \_\_\_\_\_

TYPE OF GRANT ASSISTANCE (listed from the brochure) :

\_\_\_\_\_

PURPOSE : \_\_\_\_\_

JUSTIFICATIONS :

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**Please attach SUPPORTING DOCUMENTS and also the following**

Applicant Name (Attach copy of the National ID)

- Employee Name
- Basic Salary per Month
- Date of Ceased Service
- Permanent or Casual
- Contact details of employee
- Documents as evidence for lay off or leave without pay employees

**Signature of Employer/Person submitting the request:**

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Submit form in softcopy to this email address : [lfaletau@finance.gov.to](mailto:lfaletau@finance.gov.to)

or download online application form from <https://www.finance.gov.to>

Or Use this format and **submit to Ministry of Finance, Reception Area Box**