



PUBLIC SERVICE OF PAPUA NEW GUINEA
ESTABLISHMENT COST SUMMARY

(Name of Agency)

PAY GRADE	PERSONNEL EMOLUMENTS							EXISTING ESTABLISHMENT		PROPOSED ESTABLISHMENT		(VARIANCE) Increase (+) Savings (-)	
	Annual Salary	DMA	Utils	Housing Allow.	Tel. Allow.	Veh. Allow.	Ent. Allow.	No.	Cost	No.	Cost	No.	Cost
TOTALS													
GRAND TOTAL							K		K		K		K

SUMMARY	Staffing	Cost
Existing		
Proposed		
Variance		

Name of recommending Agency HR Manager _____ Signature: _____ Date: _____
(Section 41 Delegate/Instrument No. _____)

COST OF POSITIONS ARE APPROVED ☐ NOT APPROVED ☐

Signature of Agency Head: Date: