



**GHANA NATIONAL SERVICE SCHEME**

**HEADQUARTERS**

P. O. BOX 46, PATRICE LUMUMBA ROAD  
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**MONTHLY REPORT FORM**

<b>REGION</b>		<b>DISTRICT</b>		<b>MONTH YEAR</b>	
		<b>E-ZWICH NO.</b>			

**PART 1: TO BE COMPLETED BY THE PERSONNEL**

NAME OF PERSONNEL .....

NSS NUMBER ..... PHONE NUMBER .....

INSTITUTION ATTENDED .....

SIGNATURE OF PERSONNEL ..... EMAIL ADDRESS .....

**PART 2: TO BE COMPLETED BY THE SUPERVISING OFFICER**

NAME OF ORGANIZATION .....

TITLE/RANK ..... PHONE NUMBER .....

NAME OF IMMEDIATE SUPERVISOR .....

LOCATION OF ORGANIZATION ..... PHONE NUMBER OF YOUR ORGANIZATION .....

EMAIL ADDRESS ..... REPORTING MONTH .....

TOTAL NUMBER OF WORKING DAYS IN THE MONTH  NUMBER OF DAYS PERSONNEL HAS BEEN AT POST

(PLEASE TICK)	VERY GOOD	GOOD	FAIR
PUNCTUALITY OF PERSONNEL			
ATTITUDE TOWARDS WORK			

DATE:...../...../ 20.....

SIGNATURE AND OFFICAL STAMP

**PART 3: TO BE COMPLETED BY NSS DISTRICT DIRECTOR**

REMARKS .....

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SIGNATURE AND OFFICAL STAMP ..... DATE .....

**PLEASE NOTE:** THIS FORM IS TO BE COMPLETED AND SUBMITTED AT THE DISTRICT OFFICE OF THE GHANA NATIONAL SERVICE SCHEME BY THE 15TH OF EVERY MONTH. FAILURE TO DO SO WILL MEAN WITHHOLDING OF PERSONNEL'S ALLOWANCE. A FORM NOT SIGNED AND STAMPED BY SUPERVISOR WILL BE DECLARED INVALID.