Report on Personnel Granted Hazard Duty Pay (HDP)
Pursuant to Budget Circular No. _____
FY _____

Department _____
Bureau/Agency _____

Name of Personnel (1)	Unique Item Number (2)	Position Title and Salary Grade (3)	Work Area (4)	Period of Assignment (5)												HDP Paid (6)												Total Amount (7)
				Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	

Prepared/Certified Correct:

_____
Administrative Officer

Approved:

_____
Agency Head