

**BABCOCK UNIVERSITY  
ANNUAL HOUSING ALLOWANCE FORM**

**Name:** \_\_\_\_\_  
(Surname First)

**Division/School/Department/Unit:** \_\_\_\_\_

**Rank/Position:** \_\_\_\_\_ **BUSS Level:** \_\_\_\_\_

**GUARANTOR'S ATTESTATION/COMMITMENT**

I, Prof/Dr/Mr/Mrs/Miss \_\_\_\_\_  
Surname Name First Name Middle Name

of (Office Address): \_\_\_\_\_ do hereby voluntarily stand as a

Guarantor to Prof/Dr/Mr/Mrs/Miss \_\_\_\_\_

(an employee of Babcock University) who is requesting to receive his/her annual housing allowance in lump-sum.

I irrevocably and unconditionally guarantee to indemnify Babcock University against any and or all loss(s) suffered by it as a result of the lump-sum payment of annual housing allowance to

\_\_\_\_\_ based on my guarantee.  
Name of Employee

Guarantor's Signature: \_\_\_\_\_

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

DHR's Signature \_\_\_\_\_

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

**NOTE:**

- 1. Guarantor must be a Babcock University employee on BUSS Level 12 or above.**
- 2. This form is only for those previously eligible to receive lump sum (*including new employees*); not for contract employees, spouses on monthly payment & BU residents.**
- 3. This form must be submitted at Payroll upon completion.**