

# SUBMISSION FORM TO THE PUBLIC SERVICE COMMISSION

**From:** .....

**Reference:** .....

**Date:** .....

**Subject:** **PROMOTION IN THE PUBLIC SERVICE**

1. Post to be filled and Salary Scale.

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2. (a) Any financial provision for the vacant post in the Estimate? **Yes/No**

(b) If answer to (a) is **No**, please attach written confirmation of funding from the Ministry of Finance.

3. (i) How was the vacancy created? (Please tick where appropriate).

New Post  Promotion  Transfer  Termination of Appointment

Secondment  Resignation  Retirement  Dismissal

Ceasing Service on Medical Ground

(ii) State the name of the former holder of the vacated post.  
(*Except in the case of new post*)

(iii) State the PSC Decision Number & Date relating to the vacating of the post.

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(iv) If Returning Scholar is to be promoted please go to 9 a-b.

4. Was the vacancy advertised? **Yes/No**

(If **No** - Go to Question 12) (If **Yes** - how and when was it advertised).

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5. How many applications:

i. received? -----

ii. short listed? -----

iii. attended the interview? -----

6. Date and Venue of Interview.

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7. Names and Designations of Panel Members ;

- i. -----
- ii. -----
- iii. -----

8. Names and ratings of the top two candidates

- i. -----
- ii. -----

9. Provide the following information for **each** of the top two candidates (use a separate piece of paper if required) .

- a) Personal Details: Name: -----  
Age: -----  
Sex: -----  
Marital Status:-----  
Current Address:-----

b) Qualification:  
(Please submit copies of certificates)

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- c) History of Employment
  - i. Date of appointment to the Public Service
  - ii. Date of promotion to the present post(If previously employed, please state nature of leaving)

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d) Special Skills ;

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e) Performance during interview ;

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10. Candidate Recommended for promotion:

Name: -----  
Present Post: -----  
Present Salary: -----  
Qualification: -----  
Incremental Date: -----  
Work Experience: -----

11. Is recommended candidate acting at the post? Yes/No  
(If Yes, please indicate the effective date)

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12. Has Ministerial Approval been granted? Yes/No

13. (a) Any supercession involved? Yes/No

(b) If answer to (a) is Yes, please provide the following information:  
(Use a separate piece of paper if required)

- i. Name and Rank of Officer : .....  
superceded ; .....
- ii. Date of appointment to the Public Service: .....
- iii. Date of appointment to the present rank:.....
- iv. Qualifications: .....
- v. Performance: .....
- vi. Comments: .....

14. Any other comments?

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**Recommendation:**

That Mr/Mrs/Miss ..... (present post),  
Department/Ministry of ....., be promoted to the post of  
..... and he/she be paid at the relevant point of the  
appropriate salary scale with effect from the date of Public Service Commission  
Decision.

**Prepared by:** .....

**Signature:** .....

**for** .....

**(Designation of Head of Department/Ministry)**