



MINISTRY OF HEALTH & WELLNESS
EMPLOYEE STAFF REQUEST FORM

POSITION:	DIVISION /BRANCH:
DATE OF REQUEST:	DATE REQUIRED:
CADRE FOR POSITION:	VACANCIES (POSITION)
NUMBER(TO BE) EMPLOYED IN EXCESS OF CADRE: <i>(Approval required from Permanent Secretary)</i>	

KEY POSITION SPECIFICATIONS & DUTIES

QUALIFICATIONS:	
EXPERIENCE:	
PHYSICAL ABILITIES:	
SCOPE OF DUTIES:	

BASIS FOR REQUEST

	CATEGORY		CATEGORY
	NEW POSITION		VACANT POSITION
	STAFF RESIGNATION /TERMINATION		MATERNITY LEAVE
	RETIREMENT		VACATION /NO PAY LEAVE
	RENEWAL		STUDY LEAVE
	SHORT TERM /CONTRACT EMPLOYMENT		OTHER (SPECIFY)

WAS THE REPLACEMENT INCLUDED IN CURRENT BUDGET?	
ANNUAL COST TO EMPLOY PERSON(S):	
ESTIMATED COST TO END OF FINANCIAL YEAR:	

REASON /JUSTIFICATION FOR EMPLOYMENT:

RECRUITMENT REQUEST

INTERNAL CANDIDATE RECOMMENDED:	
BRANCH /UNIT HEAD’S SIGNATAURE:	DIVISIONAL HEAD’S SIGNATURE:
DATE:	DATE:

RECRUITMENT APPROVAL

PERMANENT SECRETARY	PRINCIPAL DIRECTOR, CORPORATE SERVICES
Signature:	Signature:
DATE	DATE

FOR HUMAN RESOURCES USE:

CANDIDATE HIRED

POST OPERATIONS APPROVAL	YES/NO
DATE REQUESTED	
DATE APPROVAL RECEIVED	
NAME OF PERSON HIRED	DATE:
EMPLOYEE REPLACED:	