



**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: (Approval required from Permanent Secretary)	

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:
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RECRUITMENT REQUEST

INTERNAL CANDIDATE RECOMMENDED:	
BRANCH / UNIT HEAD'S SIGNATURE:	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:	