

APPLICATION TO WITHDRAW REQUEST FOR TRANSFER

PART A

To be filled in by Applicant

Applicant's details

ID No/Passport No:	<input type="text"/>
Surname:	<input type="text"/>
Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Contact No/Mobile No:	<input type="text"/>
Email address:	<input type="text"/>

Current Employment details

Grade:	<input type="text"/>
Entity:	<input type="text"/>
Department:	<input type="text"/>
Section:	<input type="text"/>

Tick where for applicable

Full-time Part-time Reduced Hours No of hrs/wk

Transfer Request details

I would like to withdraw my application for transfer dated _____.

Ministry:	<input type="text"/>
Entity:	<input type="text"/>

Declaration

I understand that this is an official request to withdraw my application for transfer and that my name will be removed from the Transfer Requests Register.

Applicant's Signature

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Date of application

PART B

Acceptance of withdrawal of request for transfer by first level Superior

Withdrawal of transfer recommended Yes No*

*Justification for not recommending withdrawal of transfer

Signature

Designation

Date:

<i>d</i>	<i>d</i>	<i>m</i>	<i>m</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>

Official Stamp

PART C

Acceptance of withdrawal of request for transfer by Director/Head of Department

Withdrawal of Internal transfer approved Yes No*

*Justification for not approving/recommending withdrawal of transfer

Signature

Designation

Date:

<i>d</i>	<i>d</i>	<i>m</i>	<i>m</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>

Official Stamp

Note:

This application is to be handed over to the 1st level Supervisor who will endorse Part B and refer to Director/Head of Department/Service Manager/CEO for his Endorsement (Part C). Application must then be forwarded to HR Office of Entity/Department/Hospital (Part D) HR Office will send a copy of the endorsed application to People Management Directorate and another copy to the officer making the request People Management Directorate registers request (Part E)

Data Protection Disclaimer:

Information about you will be placed on our database and used, analyzed and assessed by MEH management in servicing your engagement and in manpower planning for the organization. Under the Data Protection Act, you can ask in writing for a copy of certain personal records we hold about you. You also have the right to request rectification, blocking or erasing of such personal data that has not been processed in accordance with the Act.

PART D
For HR Office Use

Received on:

<i>d</i>	<i>d</i>	<i>m</i>	<i>m</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>

Original inserted in PF

Copy sent to officer

Scan forwarded to PMD

Signature

Designation

Official Stamp

PART E
For People Management Directorate Use

Received on:

<i>d</i>	<i>d</i>	<i>m</i>	<i>m</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>

Withdrawal registered

Signature

Designation

Official Stamp