

Reference No.

Date

STAFF REQUISITION FORM

Ministry/Department /Division/Section/ Unit	Postitions/posts	Number of posts approved	Existing number of staff	Additional staff requested	Qualification /experience requirement

Prepared by:

Reviewed by:

Recommended by:

Signature:

Signature:

Signature:

Name:

Name:

Name:

Designation:

Designation:

Designation:

Recommendation of the Secretariat of RCSC:

Comments of the Reviewing Officer:

Comments of the Deputy Secretary:

Order of the Secretary, RCSC