



REPUBLIC OF THE GAMBIA THE GAMBIA CIVIL SERVICE RECOMMENDATION FOR PROMOTION FOR POSTS IN CATEGORY I TO V PART 1

To be completed by the Head of Department of the Officer(s) being recommended and returned to the Permanent Secretary, Personnel Management Office, The Quadrangle, Banjul. Failure to complete this section in full may seriously delay the consideration of this recommendation.

PLEASE TYPE CLEARLY, USE BLACK OR BLUE INK

1. Details of vacant position

Vacant Post:

No of Vacancies:

Head: Subhead: Item:..... Grade:

Previous Holder(s): Payroll No.....

2. Reasons for vacancy

3. Particulars of Officer(s) being recommended for promotion, to fill vacant post*

Table with 5 columns: Name, Payroll No, Date of First Appt, Date of Present Appt, Current. (Empty rows)

4. Proposed date of promotion:

5. Reasons for Recommendation(s)

A. State whether the Officer(s) recommended is/are the most senior of the grade below the post in question or not.

B. In the case of supersession, please give genuine reasons for the supersession of each officer.

6. Particulars of three Officers immediately junior to the Officer(s) recommended.

Name	Payroll No	Date of First	Date of Current	Age

*If more than one name please attach list of names and their payroll numbers.

Revised July 2015

7. PERFORMANCE RATING

7a. Please list any special job accomplishments, awards, or recognitions in favour of the recommended Officer within the last one year:

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7b. Please indicate number of job related assignments successfully undertaken by the recommended Officer as a team member or an individual within the past twelve months (Please provide evidence)

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7c. Clearly outline the positive outcome of the assignment(s) under schedule 7b

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7d. Please indicate the timeliness or otherwise of the assignment referred to under schedule 7b

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7e. What is the overall assessment of the recommended officer’s performance for the past six months

(please tick)

1. Performance exceeds expectations
2. Performance fully meets the expectations
3. Performance not fully up to requirement, some improvement necessary
4. Performance below expectations

7f. Any other additional information in support of your recommendation.

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Signature (Head of Department):..... Designation:.....

Name (in capital):.....Ministry/Department:

Department File No:.....Date:

DECLARATION BY HEAD OF DEPARTMENT

I declare that:

- (a) **The particulars I have given above are correct to the best of my knowledge.**
- (b) **The recommendation is in line with details of establishment and expenditure as outlined in the Estimates for the Budget year.....**

Date:

Signed:

PART II

For use of the Personnel Management Office Only

8. CONFIRMATION BY THE PERSONNEL MANAGEMENT OFFICE I

confirm that:-

- (c) **The particulars in Part I of the form are correct.**
- (d) **There are no objections on financial or establishment grounds to the vacancy being filled with effect from:**

Date: Signed for Permanent Secretary:.....

PART III

FOR PUBLIC SERVICE COMMISSION USE ONLY

9. Please tick appropriate box

Approved

Not Approved

Deferred

Comments (If any)

Date: Signed:.....
Chairman Public Service Commission