



THE GAMBIA CIVIL SERVICE
NOTIFICATION OF TEMPORARY VACANCY AND
RECOMMENDATION FOR ACTING APPOINTMENT OR
PAYMENT OF CHARGE ALLOWANCE

This form must be completed in full by the notifying officer and returned to the Permanent Secretary, Personnel Management Office for onward transmission to the Public Service Commission.

PLEASE WRITE CLEARLY IN BLACK OR BLUE INK

1. Details of Temporary Vacancies

Ministry:

Department/Division:

Name of Vacant Position: Budget Line:

Substantive Holder:

Payroll No: Salary Scale: Grade:

Name of Officer Recommended to Act:

Payroll No: Salary Scale: Grade:

Duration of Acting Appointment: From: To:

2. Please state clearly the reasons for the temporary vacancy.

3.

4. If the officer recommended is not the most senior available, state the names of officers superseded and the reasons for supersession.

5. a. I declare that, to the best of my knowledge the officer recommended can carry out the full duties and responsibilities of the post.

b. Please indicate what percentage of the duties and responsibility of the vacant post the officer being recommended can fully carry out.

Signature of Head of Department: Designation:

Name (in capitals): Date:

FOR PUBLIC SERVICE COMMISSION USE ONLY

5. Please tick Appropriate Box Approved [] Not Approved []

Comments (if any)

Signature:
Chairman Public Service Commission

Date:

