



STAFF MOVEMENT ADVICE

Quadruplicate To the members of the staff concerned

N.B This form should be completed in quadruplicate on the day the relevant event takes place

Original Deputy Vice Chancellor (AFP)

Duplicate Head of Finance

Triplicate Retained by the Staff

TO: Deputy Vice Chancellor (AFP)

Name:

Designation:

APPOINTMENT /TRANSFER/REDESIGNATION

Date of commencement of Duty20.....

Last day of service in the Department/Section (Date)

PLEASE INSERT DATE IN APPROXIMATE BOX

Absent from Duty on account of:	Date	Resumed Duty after	Date
Sickness		Sickness	
Local/oversees leave		Local/oversees leave	
Study leave		Study leave	
Unpaid leave		Unpaid leave	
Unauthorized Absence		Unauthorized Absence	

PAY INSTRUCTIONS

Head of Department:Signature:.....

Date:.....

FOR OFFICIAL USE ONLY

Entered in personal records (HR)Signature:.....Date:.....

Action by salary section.....