

PUBLIC SERVICE COMMISSION



ZIMBABWE

INTER MINISTERIAL TRANSFER FORM

FROM MINISTRY OF.....

TO MINISTRY OF.....

- NOTE:**
- a] The form should be completed in triplicate and each of the following institute should file an approved copy in member's personal file, PSC and the ministry.
 - b] If the transfer is on the initiative of the member he/she will bear the cost associated with relocation and no disturbance allowance will be paid.
 - c] The transfer application form should reach the Public Service Commission for endorsement not later than a month from the initial date of application.
 - d] Member's current appraisal form should be attached

SECTION 1: TO BE COMPLETED BY THE MEMBER

1.1 Personal Particulars

Surname:.....First Name[s].....

EC No:.....Sex.....

Date of Birth.....Marital Status.....

Date of appointment into service.....

Current post..... Date of appointment thereto.....

Department.....Department/ Station Code

Grade/Salary.....Current Station.....

1.2 CONTACT DETAILS

Contact Address:.....

Contact Numbers: [1] Landline.....

[2] Cell.....

[3] e-mail Address.....

1.3 Academic and Professional Qualifications [Attach certified copies]

Secondary School Subject passed 'O' Level.....'A' Level.....

Professional National Certificate[s]:-

[a].....

[b].....

Diploma[s]:

[a].....

[b].....

Degree[s]

[a].....

[b].....

Other qualifications:-

.....

1.4 Transfer details

Post applied for.....

Station.....

Reason for transfer.....

.....

Proposed date of transfer.....

I certify that [1] the above information is correct

[2] I have no misconduct case

Member's signature.....Date.....

SECTION 2: TO BE COMPLETED BY THE MEMBER'S HEAD OF DEPARTMENT

Comments on member's application.....

.....

Full Name[s].....

Designation of post.....

Date...../...../.....Signature.....

SECTION 3: TO BE COMPLETED BY THE MEMBER'S DIRECTOR OF HUMAN RESOURCES

3.1 Do you recommend this application? Yes /No [please give reasons]

.....
.....
.....

3.2 Comment on the member's work performance

.....
.....
.....
.....

3.3 The member's rating for the previous performance cycle

3.4 Is the member under any investigation or a pending misconduct case?(Tick the
Appropriate box)

YES

NO

If YES, state the nature of the investigations or allegations levelled against the member

(a).....
.....
.....

(b).....
.....
.....

Positional status of the case.....

.....

3.5 Can the member be released to undertake new transfer duties? (Tick the appropriate box)

YES

NO

If NO, give reason(s)

.....

I certify that [1] the above information is correct

[2] the transfer will be actioned in terms of the provisions of the
Section 13 of the Public Service Regulations, 2000 and in compliance
to provisions in the Constitution of Zimbabwe

Full Name[s].....

Signature.....Date

SECTION 4: TO BE COMPLETED BY THE MEMBER'S HEAD OF MINISTRY

4.1 Do you support this application? YES/NO (delete the inapplicable)

Comments.....

.....

.....

Full Name[s].....

Date...../...../.....Signature.....



SECTION 5: TO BE COMPLETED BY THE DIRECTOR OF HUMAN RESOURCES OF RECEIVING
MINISTRY

5.1 The post applied for is on the Ministry's D.E.T and is funded. YES/No (delete the inapplicable)

If YES attach the proof of funding e.g Treasury concurrence/Termination advice

5.2 The post fell vacant ,onHow did it fall vacant.....

Full Name of last incumbent to the post.....

.....

EC Number.....

5.3 Describe the type of transfer (tick the appropriate box)

Lateral Transfer

Transfer and regrading

5.4 The member will transfer on the following conditions. (delete the inapplicable)

a) On transfer, the member will maintain his/her existing salary and conditions of service.

b) On transfer and regrading, the member will be placed in the.....salary grade.

Full Name[s].....

Ministry.....

Date...../...../.....Signature.....

SECTION 6: TO BE COMPLETED BY THE HEAD OF MINISTRY OF THE RECEIVING MINISTRY

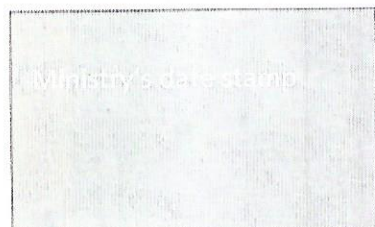
6.1 Do you support this application? Yes/No (delete the inapplicable)

Comments.....

.....

Full Name[s].....

Date...../...../.....Signature.....



SECTION 7. TO BE COMPLETED BY THE PUBLIC SERVICE COMMISSION

5.1 The transfer of the member is: [Delete the inapplicable]

[a] Not Approved

[b] Approved with effect from the date of assumption of duty

Comments.....

.....

Full Name[s].....

Designation of post.....

Date...../...../.....Signature.....

