

PUBLIC SERVICE COMMISSION



ZIMBABWE

INTRA MINISTERIAL TRANSFER FORM

MINISTRY .....

- NOTE:
- a. The form should be completed in triplicate
  - b. A copy of the approved form to be distributed as follows:-
    - Member's personal file
    - Salary Service Bureau [PSC]
    - Human Resources Agency [PSC]
  - 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
  - e. If the transfer is on the initiative of the current member he/she will bear the costs associated with relocation and no disturbance allowance will be paid

**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..... 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**

Application for [Tick the applicable]: [a] Lateral transfer  b] Transfer and regrading

Post applied for.....

New 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 OFFICE**

2.1 Do you recommend this application? Yes /No [Delete the inapplicable].....

Comments:.....

.....

Full Name[s].....

Designation of post.....

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

**SECTION 3: TO BE COMPLETED BY THE MEMBER'S HEAD OF DEPARTMENT**

3.1 Do you recommend this application? Yes /No [Delete the inapplicable].....

Comments:.....  
.....

Full Name[s].....

Designation of post.....

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

**SECTION 4: TO BE COMPLETED BY THE MEMBER'S DIRECTOR OF HUMAN RESOURCES**

4.1 Do you recommend this application?.....

Comment:.....  
.....

4.2 Comment on the member's work performance  
.....  
.....  
.....  
.....

4.3 The member's rating for the previous performance cycle

4.4 The post applied for is on the Ministry's D.E.T and is funded.....

4.5 The post vacant on [date].....How did it fall vacant?.....

Details of last incumbent to the post [where applicable]

Full names:.....

EC Number.....

4.6 Indicate the type of transfer: Lateral transfer  OR transfer and regrading

4.7 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 regarding, the member will be placed in the .....salary grade

4.8 Is the member under any investigation or a pending misconduct?.....

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

[a].....

.....

.....

Position/status of the case.....

4.9 Can the member be released to undertake the new duties on transfer?.....

If NO give reason[s]

.....

.....

I certify that [1] the above information is correct

[2] the transfer is in terms of the provisions of the Public Service Regulations, and in compliance to provisions in the Constitution of Zimbabwe

Full Name[s].....

Signature..... Date .....

**SECTION 5: TO BE COMPLETED BY THE MEMBER'S HEAD OF MINISTRY**

5.1 Do you support this application?.....

Comment.....

Full Name[s].....

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



**SECTION 6: TO BE COMPLETED BY THE PUBLIC SERVICE COMMISSION**

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

[a] Not Approved

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

IllegalMediaSize

Warning:

CI XI error

Comments.....  
.....

Full Name[s].....

Designation of post.....

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

