



Requisition form for HRM Actions

To: Head of HR/ HR Coordinator	Requested by: Name: _____ Position: _____ Program/Sector/Project: _____	Effective date or target date: ____/____/____
Date: ____/____/____		

Action required for:

Name of staff with e-code number and Designation: _____

Date of joining in RDRS:

Date of joining in the present position:

Action required:

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Regularization | <input type="checkbox"/> Transfer | <input type="checkbox"/> Termination | <input type="checkbox"/> Resignation |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Deputation | <input type="checkbox"/> End of contract | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Extension of contract | <input type="checkbox"/> Extension of Probation | <input type="checkbox"/> Others(please specify): | |

Justifications for the requested action:

	Present Status	Proposed Status
Duration of appointment		
Core/ Project/ Self-financing		
Regular/ Probationary/ Contractual		
Designation		
Grade & Step: Salary		
Official duty station		
Program/ Dept/ Sector/ Unit/Project		

Signature of requester :

Budget code for required action (if necessary)

F&A endorsement (if necessary)

Authorization: (Signature with name & designation) :

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Remarks from HRM:

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Approval : _____