REPUBLIC OF KENYA
COUNTY GOVERNMENT OF NAKURU
NAKURU COUNTY PUBLIC SERVICE BOARD

HEAD OF DEPARTMENT - PROMOTION RECOMMENDATION FORM

PART 1: To be completed by the Applicant:

Name of Candidate.....Title.....
(Surname) (First name) (Other names) (Prof/Dr/Mr/Mrs/Miss/Ms/Rev)

ID Number / Passport No.....

Personal / Payroll Number.....

Vacancy/Post applied for: .....

Vacancy No: ..... Department .....

Title of Present Substantive Post: .....Job Group/Scale: .....

Date of Current Appointment: .....

PART 2: To be completed by the Head of Department / Supervisor:

a) I consider / do not consider that the applicant is qualified in terms of the advertisement. I recommend/do not recommend the candidate for the vacancy. My reasons are as follows:
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b) I confirm that the candidate was Promoted / Appointed to this substantive post of ....Job group ..... w.e.f .....

c) I confirm that the candidate was appraised within the last two years and the Performance Appraisal ratings for the candidate are as follows: 2017/ 2018 ..... (%) and 2018 /2019..... (%)

Name of Head of Department / Supervisor .....

Personal/Payroll No. .....

Designation (Substantive Appointment) .....Job Group/Scale: .....

Department.....

Date: .....Signature.....

Please note:
This form should be submitted to the County Public Service Board under confidential cover, within fourteen (14) days after the close of the advertised positions.