

APPENDIX 10
(Section 143)

Address

Date

(Appointing Authority)

Through (Head of Department /Institution)

Request for permanent / temporary release from the Public Service in the post of
..... in the on the request of the Officer

1 Particulars of the Officer.

1.1 Full Name:

1.2 Service: Class: Grade:

1.3 Designation:

1.4 Station:

1.5 Department / Institution:

1.6 Ministry:

1.7 The date on which the officer was confirmed in the Public Service:

1.8 Whether any impediments for this release in terms of Section 144 of Volume 1 of the
Procedural Rules of the Public Service Commission (Should be completed compulsorily)

1.9 Details of previous temporary releases from the service (Should be completed
compulsorily)

Institution	Designation	Period	Years	Months
.....	From....to.....
.....	From....to.....
.....	From....to.....

02. The post which the officer expected to serve after release.

2.1 Institution:

2.2 Ministry:

2.3 Trade Union / Welfare Union:

2.4 Post:

2.5 Whether the request is for permanent or temporary release:

2.6 If temporary, for how long:

2.7 The proposed date of assumption of duties in the post:

03. I attach hereto a letter issued by expressing willingness to appoint me to the post
of in the and the consent of the Head of Institution to be served after the
release.

04. I attach hereto a certified copy of the minutes of the Trade Union / Welfare Union
stating that I have been selected for the post of in the said union and that it is necessary

to get me temporarily released from the Public Service for service in the said post. I also attach hereto details about the number of members registered in the said union and a copy of the approved constitution.

05. I certify that the matters stated by me above are true. I also express my willingness for the release. This request is submitted in terms of Section 143 of the Volume 1 of the Procedural Rules of the Public Service Commission. Accordingly, I request that I be permanently /temporarily released from the Public Service for service in the post of in the Department/Institution.

.....
Signature of the Officer

06. Recommendation of the Head of Department/Institution:

I do certify to my knowledge and belief that the above mentioned facts are true according to the personal file. I further certify that I examined it with emphasis on facts in 108 and 109.

.....
Signature of the Head of Department
Official Seal

Date

07. Recommendation of the Secretary of the Ministry:

I am satisfied with the facts above and recommend temporary/ permanent release from the Public Service from

.....
Signature of the Secretary of the Ministry
Official Seal

Date

08. Recommendation of the Administrative Authority

I recommend Mr./Mrs./Miss. be released temporarily/ permanently from the Public Service from to

.....
Signature of the Administrative Authority
Official Seal

Date