



## MANPOWER REQUISITION FORM

Date of request:	
Requested by:	
Office Location-Department-Position:	

Reason for vacancy	
<input type="checkbox"/> Awol	
<input type="checkbox"/> End of contract	
<input type="checkbox"/> Resignation	
<input type="checkbox"/> Termination	
<input type="checkbox"/> Retrenchment	
<input type="checkbox"/> Redundancy	
<input type="checkbox"/> Promotion	
<input type="checkbox"/> New	

Job details	
Location-Department-Position	
No. of candidate/s	
Qualification required/desired	
Job offer/salary	

Equipment request			
Field based		Office based	
<input type="checkbox"/>	ATM	<input type="checkbox"/>	ATM
<input type="checkbox"/>	Gas Card	<input type="checkbox"/>	Biometric
<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Computer
<input type="checkbox"/>	Uniform	<input type="checkbox"/>	Phone
<input type="checkbox"/>	ID with CCSI disclaimer	<input type="checkbox"/>	CCSI ID
<input type="checkbox"/>	Client authorization	<input type="checkbox"/>	CCSI Email
<input type="checkbox"/>	Phone and Sim Card	<input type="checkbox"/>	Gmail Account
<input type="checkbox"/>	CCSI Email	<input type="checkbox"/>	OIMS
<input type="checkbox"/>	Gmail Account	<input type="checkbox"/>	Other: (Please specify)
<input type="checkbox"/>	OIMS		
<input type="checkbox"/>	Other: (Please specify)		