
 <p>NAIROBI CITY WATER AND SEWERAGE COMPANY</p>	<p>NCWSC/HRD/01/Form 4</p>	<p>ISSUE No. 1</p> 
<p>TITLE: ACTING APPOINTMENT FORM</p>		<p>DATE</p>

NAME: _____ MAN.NO _____

DEPARTMENT: _____ SECTION: _____

LENGTH OF SERVICE _____

SUBSTANTIVE POST: _____ GRADE: _____

RECOMMENDED ACTING _____ GRADE: _____

REASON FOR ACTING _____

ACTING DURATION: FROM _____ TO _____

ATTACH LEAVE FORM _____ (Where applicable)

ACTING ALLOWANCE – KSHS: _____

JUSTIFICATION FOR RECOMMENDATION:

RECOMMENDED BY: _____ DATE: _____

HEAD OF DEPARTMENT

VERIFIED BY: _____ DATE: _____

HUMAN RESOURCE MANAGER

AUTHORIZED BY: _____ DATE: _____

DIRECTOR HUMAN RESOURCE AND ADMINISTRATIVE SERVICES

APPROVED BY: _____ DATE: _____

MANAGING DIRECTOR