**FORM P4: ACTING APPOINTMENT | All levels**

(GAO 3.5.3)

**CONFIDENTIAL**

**PART 1 – TO BE COMPLETED BY THE ACTING OFFICER**

| Ministry: | Department: |
| --- | --- |
| Post: | Level: |
| Name of post holder(if any): |
| Date of vacancy: | Start date: | End date: |
| Cause of vacancy: |  |
| Name of recommended officer to act: |  |
| Current title of officer: |  |
| Classification level: |  |

Additional comments (by Authorising officer):

Authorising Officer’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Forward to Human Resource Management for processing:**

Comments (by HRM):

HRM Officer’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 2 – Final Approval from Secretary to Government:**

I support | do not support the recommendation made in Part 1.

Secretary to Government: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_