

IN CONFIDENCE

TS Form 8  
Stocked by Min. of Educ. And Culture  
TEACHING SERVICE

RECOMMENDATION FOR CONFIRMATION

(Parts I and II to be completed in triplicate. Original and duplicate to be forwarded to the chief Education Officer, triplicate to be retained by manager. Part IV to be completed by Education Officer)

PART I  
MEDICAL CERTIFICATE

1. Name..... TS No.....  
2. Appointment..... date of First Appointment.....

(Items I and II to be completed by manager)

3. I have examined the above named and find him / her \*Fit/ Unfit for permanent employment as a  
.....  
.....

Remarks.....  
.....

Date..... Medical Practitioner  
\*Delete where applicable)

PART II

RECOMMENDATION BY EDUCATION OFFICER/ HEAD MASTER

1. The above named has served on probation from..... 19...  
to date and being eligible for confirmation in appointment on.....  
19....., has expressed the wish to be so confirmed.

2. Present Salary is..... in Scale.....

3. Proficiency and progress in appointment.....  
.....

4. Conduct and Character (details of any adverse report or disciplinary actions since date of first appointment must be given).....  
.....

5. Year in which efficiency bar Examinations were passed, where applicable.....

6. General remarks.....  
.....

7. I recommend that Mr. /Mrs. /Ms.....  
be confirmed in appointment with effect from the date on which service on probation commenced.  
..... 19.....  
date.....

Education Officer/ Head teacher

PART III

THE PERMANENT SECRETARY

1. Particulars of this employee given in Parts I and II of this recommendation are correct, according to my records

2. I recommend-

\* that Mr./ Mrs. / Ms.....be confirmed in appointment with effect from.....

\*that Mr./ Mrs./Ms.....should not be confirmed in appointment, for the following reasons.....

.....  
.....  
.....

Date.....

Chief Education Officer

\*Delete where applicable

Original to be forwarded

Duplicate: To be retained for provincial records



rfirmed in  
.200...  
appointment

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