

(Company No.:101067-P)

**CHANGE STATUS OF CONTRACT TO PERMANENT BASIS**

**RECOMMENDATION FORM**

Name/Staff No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post/Grade : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kull/Div/Centre : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Expiry Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This section is to be filled in by the **1st Assessing Officer**

I hereby would like to make my decision as the following ():-

( ) **RECOMMEND** for his/her appointment to be changed to permanent basis upon expiry of the current contract period;

**OR**

( ) **RECOMMEND** for his/her contract to be extended for another \*six (6) months / one (1) year upon expiry of the current contract period;

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**OR**

( ) **RECOMMEND** to end the current contract period upon its expiry. Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I hereby declare that my decision is final.

…………………………………………… ………………………………………….

Signature and Official Stamp of the Date

**1st Assessing Officer**

*\* Please delete whichever not applicable*

This section is to be filled in by the **2nd Assessing Officer**

I hereby would like to make my decision as the following ():-

( ) **RECOMMEND** for his/ her appointment to be changed to permanent basis upon expiry of the current contract period;

**OR**

( ) **RECOMMEND** for his/ her contract to be extended for another \*six (6) months / one (1) year upon expiry of the current contract period;

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**OR**

( ) **RECOMMEND** to end the current contract period upon its expiry. Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I hereby declare that my decision is final.

…………………………………………… ………………………………………….

Signature and Official Stamp of the Date

**2nd Assessing Officer**

*\* Please delete whichever not applicable*

***Note : The Dean/Head/Director of K/C/D/I/O is requested to submit this form to Management Services Division for consideration by the Administrative Staff Selection Committee (AGSSC).***