Workstation : MSD
Version No. : 01
Revision No. : 01
Effective Date : 12/02/2018



(Company No.:101067-P)

CHANGE STATUS OF CONTRACT TO PERMANENT BASIS RECOMMENDATION FORM

Name/Sta	ff No.	:										
Post/Grade :												
Kull/Div/	Centre	:										
Contract l	Expiry Date	:										
This secti	on is to be fi	lled in b	y the 1	1 st Asso	essing	Officer						
I hereby	would like to	make n	ny dec	cision a	s the f	ollowing (~):-					
()	RECOMN current cor			her app	pointm	ent to be c	hanged to pe	ermanent l	basis upo	on exp	iry of the	
						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:											
					•	OR						
()	RECOMN Comment:		to	end	the	current	contract	period	upon	its	expiry.	
I hereby de	eclare that my	decision	is fina	1.								
Signature and Official Stamp of the 1st Assessing Officer						Date						

^{*} Please delete whichever not applicable

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I hereby v	would like to make my decision as the	he 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) upon expiry of the current contract period; Comment:									
		OR								
()	RECOMMEND to end to Comment:	the current	contract	period	upon	its	expiry			
I hereby do	eclare that my decision is final.									
	nature and Official Stamp of the 2 nd Assessing Officer		Date							
* Please d	elete whichever not applicable									

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

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