

**RETURN OF EXERCISE OF DELEGATED POWERS FOR THE PERIOD**

..... TO .....

Ministry/Department .....

**ACTING APPOINTMENT**

as ..... (Range .....

(REGULATIONS 25 TO 28 OF THE PUBLIC SERVICE COMMISSION REGULATIONS (CHAPTER 1:01)

Name/Office/Range/ Seniority	Date and cause of vacancy	Period of acting appointment	Officer qualified for office? Yes	Eligible officers notified iaw Regulation 25 of PSC Regulations Yes/No	Officer/Officers passed over (who are not on leave or already acting) and seniority	Reason for passing over officer	Period of Performance Appraisal Report and Assessment	Remarks

Approved.....  
Permanent Secretary/Deputy Permanent secretary/ Head of Department/Director of Human Resource

Date.....