

RETURN OF EXERCISE OF DELEGATED POWERS FOR THE PERIOD

..... TO

CENTRAL ADMINISTRATIVE SERVICES TOBAGO/TOBAGO HOUSE OF ASSEMBLY/MINISTRY/DEPARTMENT

FURTHER TEMPORARY APPOINTMENT

as (Range.....)

Name of Temporary Officer/Office/Range	Vacancy	Period		Reference and date of letter of first Temporary Appointment to CAST/THA	Period of Performance Appraisal and Assessment	Disciplinary/Court Charge	Remarks
		Last Approved	Present				

Approved.....
 Permanent Secretary, Office of the Prime Minister (CAST)/Chief Administrator, Tobago House of Assembly

Date.....