



TECHINICAL UNIVERSITY OF KENYA

STAFF MOVEMENT ADVICE (REVISED 2017) TUK/HRM/REG/SMA/002

N.B: This form should be completed in triplicate on the day the relevant event takes place, and distributed as follows:

- Original - Director Human Resource Service
Duplicate - Retained by the Department
Triplicate - Member of Staff Concerned

To: STAFF CONCERNED

Name.....

Designation.....

Department..... Payroll No.....

APPOINTMENT

Date of commencement of duty.....20.....

Last day of service in the Dep (Date).....20.....

PLEASE INSERT DATE IN THE APPROPRIATE BOX (Delete whichever is inapplicable)

Absent from duty on account of:

Resumed duty after:

Sickness [ ]

Sickness [ ]

\*Local /overseas leave [ ]

\*Local /overseas leave [ ]

Study leave [ ]

Study leave [ ]

Unpaid leave [ ]

Unpaid leave [ ]

Unauthorized absence [ ]

Unauthorized absence [ ]

On new appointment [ ]

Deployment/Transfer [ ]

PAY INSTRUCTIONS

Signed.....

Head of department

Date.....

FOR OFFICIAL USE ONLY:

ENTERED IN PERSONAL RECORDS.....

ACTION BY SALARY SECTION.....

Education and training for the real world



ISO 9001:2008 Certified