

INTERNAL TRANSFER REQUEST/ APPROVAL

Note that this application must be completed for all requests for internal transfers within the Department of Higher Education (DHET). All fully completed and signed applications/approvals must be returned to the Directorate: HRMA for attention: Mr SJ Reyneke, room112, 123 Francis Baard or mail: hrma@dhet.gov.za. Point A and B must be completed by relevant employee requesting a transfer. The immediate line manager must recommend the transfer and both the Releasing / Receiving managers must approve. Note that no transfer request can be processed without this application been fully completed and signed. This should be read in conjunction with the approved approved delegations.

Mark with x

Head Office		Region		Tvet College		CET (AET)	
First time request	YES/NO	If NO how many previous request?					
A: CURRENT POSITION							
Name / initial							
Current Job title							
Current Branch/CET/Region/TVET							
Current Directorate/Unit							
PERSAL number							
Current salary level				Tel:			
Current notch value				Cell			
Mail:							
B: POST/ POSITION TO BE TRANSFERRED TO							
Job title							
Branch/CET/Region/TVET							
Directorate / Chief Directorate/Unit/Section							
Post salary level							
Post starting notch value							
Transfer start date (yyyy/mm/dd)							
Post substantive funded and vacant				YES	NO		

I hereby apply for an internal transfer within the Department of Higher Education and Training (DHET) and note that on approval of such it can only be concomitant and no relocation cost can be claimed.

		Recommended Surname/ initial		YES	NO
Surname/ initial		Surname/ initial			
Employee		Immediate Line Manager			
Signature		Signature			
Date		Date			

We hereby grant approval for the transfer and the receiving manager confirms that a substantive funded vacancy exists within the personnel budget..

Releasing Manager: TVET/CETC Principal/Regional Manager/ Head Office Branch Manager		Receiving Manager TVET/CETC Principal/Regional Manager/ Head Office Branch Manager	
Surname/ initial		Surname/ initial	
Employee		Immediate Line Manager	
Signature		Signature	
Date		Date	