



Date:/...../.....

STAFF REQUISITION FORM

Reference No.

Services / Department:

Sl. No.	Services/ Department/ Division/ Units	Post	Number of Posts approved	Existing number of staff	Additional staff requested	Employment (Regular/ Contract)	Qualification/ experience requirement	Justification (Attach separately if required)
TOTAL								

Note: Please attach Job Description and Person Specification for each post.

Submitted by:
(General Manager)

Reviewed by:
(Director)

Reviewed by:
(General Manager, HRAD)

Reviewed by:
(Director, HR&CS)

Signature & Name:
Designation:

Signature & Name:
Designation:

Signature & Name:
Designation:

Signature & Name:
Designation:

Approved by Chief Executive Officer, BPC: