



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

**STAFF REQUISITION FORM**

Reference No.

Department/Division: .....

Sl. No.	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)
<b>TOTAL</b>								

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

Submitted by:  
(General Manager)

Reviewed by:  
(Director)

Reviewed by:  
(General Manager, SSD)

Reviewed by:  
(Director, CSD)

Signature & Name:  
Designation:

Signature & Name:  
Designation:

Signature & Name:  
Designation:

Signature & Name:  
Designation:

**Approved by Chief Executive Officer, BPC:**