



REPUBLIC OF KENYA

PUBLIC SERVICE COMMISSION

HEAD OF DEPARTMENT RECOMMENDATION FORM

To be submitted in respect of each shortlisted candidate in the Civil Service before the interview date

To be completed by the Head of Department / Supervisor

Name of candidate: (Surname) First Name Other Name(s): Title: (Prof/Dr/Mr/Mrs/Miss/Ms/Rev)

ID No/Passport No: Personal No:

Vacancy/Post applied for: Vacancy No:

Ministry/County: State Department

Title of Present Substantive Post: Job Group/Scale:

Date of Current Appointment:

I recommend/do not recommend the candidate for the vacancy.

Give reasons:

Please indicate the last two years' Performance Appraisal ratings for the candidate (%)

Name of Head of Department / Supervisor Personal/Employment No.

Designation (Substantive Appointment) Job Group/Scale:

Ministry/State Department/County:

Date: Signature:

Please note:

- (i) This form should be submitted to the Commission under confidential cover.
(ii) Both open and confidential files of the candidates and the last two years appraisal reports should be availed to the Commission at least three days before the interview date.