



REPUBLIC OF KENYA

COUNTY PUBLIC SERVICE BOARD OF NYERI

HEAD OF DEPARTMENT RECOMMENDATION FORM

To be submitted in respect of each shortlisted candidate in the Public 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:

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:

Date: Signature:

Please note:

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