



COUNTY GOVERNMENT OF NYERI

Department of County Public Service And Public Administration



DECEMBER, 2022 - STAFF DATA CAPTURE FORM

Please complete all sections of this form as appropriate in **block** letters and submit to the Head Count team during the staff head-count scheduled for 13th, 14th, 15th and 16th December, 2022, at the Old-Municipal Hall (Whispers Park)

A. PERSONAL DETAILS

Name:

Date of Birth..... ID No:

KRA PIN. NO. PF No.:

Gender: Male [] Female []

Nationality: Ethnicity:

Home - County: Sub – County:

Constituency: Village:

Postal Address: Code:Town/City:

Telephone / Mobile No: E-mail address:

Next kin Details

Name: Relationship:

Contact Details: Postal Address: Telephone / Mobile No:

Are you living with a disability? Yes [] No []

If yes, give; Details/Nature of Disability:

(Please attach a copy of your with the National Council for People with Disabilities registration card)

B. EMPLOYMENT DETAILS

Department:

Designation:

Present Substantive Post:

Work Station:

Job-Group/Scale/Grade:

Briefly state your current duties, responsibilities and assignments:

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.....

.....

Date of Current Appointment (*dd-mm-yyyy*)

Terms of Service: Permanent & Pensionable, Contract, Other (*Please specify*):

C. IMMEDIATE SUPERVISOR:

Name: Designation:

D. DECLARATION

I confirm that the above information is true to the best of my knowledge and belief.

Signature: Date:

E. CONFIRMATION - *For Official Use Only*:

Did the officer provide the following documents?

<i>Item</i>	<i>Yes</i>	<i>No</i>	<i>Remarks</i>
• Letter of first appointment	[]	[]
• Letter of current Appointment	[]	[]
• National ID	[]	[]
• PIN Certificate	[]	[]
• Highest Qualifications;	[]	[]
• Current deployment letter;	[]	[]
• NCPWD Registration Card	[]	[]

Special Remarks:
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I confirm that the above named persons appeared before me in person, and ascertained that the copies attached are true copies of the original documents

Name of Officer: Designation:

Signature: Date:

F. VERIFICATION BY THE DIRECTOR – HUMAN RESOURCE MANAGEMENT

Remarks:
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Signature: Date: