

ECD<sub>o</sub>E-TRANSFER: 1.1

ECD<sub>o</sub>E TF: A

APPLICATION FORM

NATURE OF TRANSFER: INTRA/INTER-DISTRICT/INTER-PROVINCIAL/INTER-DEPARTMENTAL  
[Delete what is not applicable]

SECTION A: DECLARATION BY APPLICANT

Note: In case of a cross-transfer each of the affected educators must complete this part.

I [Ms/Mrs./Mr/Dr] \_\_\_\_\_  
[INITIAL & SURNAME]

PERSAL NO: \_\_\_\_\_ IDENTITY NUMBER: \_\_\_\_\_

RANK/POST LEVEL \_\_\_\_\_ INSTITUTION/OFFICE \_\_\_\_\_

LEARNING AREA/SUBJECT SPECIALISATION \_\_\_\_\_

Apply for a straight transfer/cross transfer [Delete what is not applicable]

to: \_\_\_\_\_  
[NAME OF INSTITUTION & DISTRICT/PROVINCE]

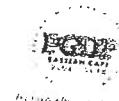
with \_\_\_\_\_ from \_\_\_\_\_  
[INITIALS & SURNAME] [NAME OF INSTITUTION & DISTRICT/PROVINCE]

The reason/s for transfer are: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

- ECD<sub>o</sub>E TRANSFER 1.1
- Intra-District Transfers: Complete and submit the whole of Sections A & B only
- Inter-District Transfers: Complete and submit the whole of Sections A & C only
- Inter-Directorate Transfers: Complete and submit the whole of Section A & C only
- Inter-Provincial Transfers: Complete and submit the whole of Sections A & D only



SECTION B INTRA-DISTRICT TRANSFER

ECD0E TF: B

PUBLIC SERVICE EMPLOYEES / OFFICE BASED EDUCATORS

SECTION B 1: RELEASING INSTITUTION

The release of \_\_\_\_\_  
[INITIAL & SURNAME] [PERSAL NO.]

From \_\_\_\_\_ to \_\_\_\_\_  
[NAME OF INSTITUTION/DISTRICT/DIRECTORATE] [NAME OF INSTITUTION/DISTRICT/DIRECTORATE]

Is recommended/not recommended

REASONS FOR NOT APPROVING THE TRANSFER (WHERE APPLICABLE)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
[HEAD OF INSTITUTION/DISTRICT/DIRECTORATE]

\_\_\_\_\_  
DATE

SECTION B 2: RECEIVING INSTITUTION

The transfer of \_\_\_\_\_  
INITIALS & SURNAME [PERSAL NO.]

From \_\_\_\_\_ to \_\_\_\_\_  
[NAME OF INSTITUTION/DISTRICT/DIRECTORATE] [NAME OF INSTITUTION/DISTRICT/DIRECTORATE]

Recommended/not recommended [delete what is not applicable]

REASONS FOR NOT RECOMMENDING THE TRANSFER (WHERE APPLICABLE)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
[HEAD OF INSTITUTION/DISTRICT/DIRECTORATE]

\_\_\_\_\_  
DATE



INTRA-DISTRICT TRANSFER FORM

SECTION B 3: APPROVAL BY CHIEF DIRECTOR HRM&D

RECOMMENDED / NOT RECOMMENDED

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\_\_\_\_\_  
DIRECTOR HRP&PS

\_\_\_\_\_  
DATE

APPROVED / NOT APPROVED

REASONS FOR NOT APPROVING THE TRANSFER [WHERE APPLICABLE]

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\_\_\_\_\_  
CHIEF DIRECTOR HRM&D

\_\_\_\_\_  
DATE

