



(Company No.:101067-P)

**CHANGE STATUS OF CONTRACT TO PERMANENT BASIS
RECOMMENDATION FORM**

Name/Staff No. : _____
Post/Grade : _____
Kull/Div/Centre : _____
Contract Expiry Date : _____

This section is to be filled in by the **1st Assessing Officer**

I hereby would like to make my decision as the following (✓):-

() **RECOMMEND** for his/her appointment to be changed to permanent basis upon expiry of the current contract period;

OR

() **RECOMMEND** for his/her contract to be extended for another *six (6) months / one (1) year upon expiry of the current contract period;
Comment: _____

OR

() **RECOMMEND** to end the current contract period upon its expiry.
Comment: _____

I hereby declare that my decision is final.

.....
Signature and Official Stamp of the
1st Assessing Officer

.....
Date

* Please delete whichever not applicable

This section is to be filled in by the **2nd Assessing Officer**

I hereby would like to make my decision as the following (✓):-

() **RECOMMEND** for his/ her appointment to be changed to permanent basis upon expiry of the current contract period;

OR

() **RECOMMEND** for his/ her contract to be extended for another *six (6) months / one (1) year upon expiry of the current contract period;

Comment: _____

OR

() **RECOMMEND** to end the current contract period upon its expiry.

Comment: _____

I hereby declare that my decision is final.

.....

Signature and Official Stamp of the
2nd Assessing Officer

.....

Date

** Please delete whichever not applicable*

Note : *The Dean/Head/Director of K/C/D/I/O is requested to submit this form to Management Services Division for consideration by the Administrative Staff Selection Committee (AGSSC).*