

SCHEDULE 11A

Regulation 17(4)

RECOMMENDATION FOR PROMOTION ON ACQUISITION OF A HIGHER QUALIFICATION

To the Secretary

Teaching Service Commission, P.O. Box 15550, Maseru 100

Particulars of teacher

Name of teacher: _____

Registration No.: _____ Employment No.: _____

Present School: _____

Terms of Appointment: _____

Qualifications

Current

New

Current Position

New Position

Effective Date of PROMOTION: _____

(Date of Conferment)

Signature of teacher: _____ Date: _____

We, the Management of _____ (School) recommend that the teacher named above be promoted by the Commission in our school.

Signed: _____
(Chairperson – School Board or Management Committee)

For Official use only

Approval by Teaching Service Commission

Signature: _____ Date Stamp: _____
(Secretary – TSC)

Terms of your Appointment after additional qualification are Permanent/
Probationary/ Temporary/ Contract.
(Delete whichever does not apply)

Signature: _____ Date Stamp: _____
(Director – TSD)