



LESOTHO

SCHEDULE 14
Regulation 13 (2)

ACTING APPOINTMENT

To the Secretary:

Teaching Service Commission, Private Bag A94, Maseru – 100

The School Board or Management Committee of this school requests approval for the under-mentioned acting appointment.

Name of School: _____

Registration Number of School: _____

Name of teacher: _____ Employment No.: _____

Qualifications of teacher: _____

Year obtained: _____

Substantive post of teacher: _____

Acting appointment requested: _____

Period of acting from: _____ to: _____

Name of substantive holder of post*:

*If post is vacant then write "vacant"

Reasons why acting appointment is requested

Signature of teacher: _____ Date: _____

Signed: _____ Date Stamp: _____

Secretary, School Board or Management Committee

