



LESOTHO

SCHEDULE 21

Regulation 22 (5)

**APPLICATION BY A TEACHER FOR TRANSFER
TO ANY SCHOOL WHERE THERE MAY BE A VACANCY**

To the Secretary:

Teaching Service Commission, Private Bag A94, Maseru 100.

Particulars of a teacher:

Name of teacher _____

Qualifications: _____ Employment No.: _____

Registration No.: _____

Terms of Appointment: _____

Present School: _____

Date of Requested transfer: _____

I hereby apply for transfer to another school, as the Commission may direct.

Signature of teacher: _____ Date: _____

Recommendation by Board or Management Committee of present school

* The School Board or Management Committee approves the above request.

* The School Board or Management Committee does not approve the above request, for the following reasons: _____

Signed _____ Date stamp

Secretary, Board or Management Committee

Teacher's preferences .

Type of school (Primary/Secondary/High: _____

District: _____ Proprietor: _____

Subject 1: _____ Level: _____

Subject 2: _____ Level: _____

Subject 3: _____ Level: _____

Other comments _____
