



THE REPUBLIC OF UGANDA

PUBLIC SERVICE FORM 11(PSF 11)
[Revised 2008]

RECOMMENDATION BY PERMANENT SECRETARY/RESPONSIBLE OFFICER FOR AN OFFICER TO PROCEED ON TRAINING/STUDY LEAVE

Ministry/Department/Local Government.....

1. Personal Information

- (a) Name.....
- (b) Date of Birth.....
- (b) Date and Min. No of first Appointment.....
- (c) Confirmation Min. No.....
- (c) Present Post (Date & Min. No of Appointment).....
-
- (d) Salary Scale of Post.....

2. Educational Background*

- (i) Uganda Certificate of Education (UCE) or equivalent (grade and year).....
-
- (ii) Uganda Advanced Certificate of Education or equivalent (UACE) (grade and year)
-
- (iii) Diploma(s) - (class and year).....
- (iv) Degree (s) - (class and year).....
- (v) Any examinations passed other than in (i), (ii), (iii) or (iv) above.....
-

If the candidate did not pass the Uganda Certificate of Education examination, full details to be given of examination passed and dates

3. Proposed Course

- (a) Title of the Course.....
-
- (b) Location of Course (Institution & Country)
- (c) Commencement & ending date.....
- (d) Evidence of admission*.....

	<p>(c) Brief Description of course</p> <p>.....</p> <p>(f) Award expected.....</p> <p>.....</p>
<p>4. Purpose of Course.....</p> <p>.....</p>	
(a)	<p>If to increase efficiency in present post, indicate the benefit which the course will give.</p> <p>.....</p> <p>.....</p>
(b)	<p>Will the successful completion make the officer eligible for promotion to a higher post? If so, give details of higher post.</p> <p>.....</p> <p>.....</p>
(c)	<p>If to obtain a qualification necessary before promotion to a higher post, give the qualification and the higher post.</p> <p>.....</p>
<p>5. Details of any Officer (s) already possessing the same qualifications the applicant is aspiring to obtain.</p> <p>.....</p> <p>.....</p>	
<p>6. Particulars of any Officer (s) undergoing training to obtain the same qualifications as will be obtained by the applicant.*</p> <p>.....</p> <p>.....</p>	
<p>7. Particulars of other Officer(s) in need of the same training. **</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p>8. Supersession</p> <p>If the answer to (b) or (c) in section 4 is in the affirmative, give details of any officer(s) who would then be superseded and of the reasons thereof.</p> <p>.....</p> <p>.....</p>	

9. Source of Funding/ Sponsorship
Indicate costs and source of funding for the training.*
.....

10. Recommendation of Permanent Secretary/Responsible Officer:

Name Title/Designation Signature

Date.....

**Documentary evidence should be attached.*
***Separate sheets should be attached if necessary.*