



**REPUBLIC OF LIBERIA
CIVIL SERVICE AGENCY
PERSONNEL ACTION NOTICE**



NO. _____

INITIATING MINISTRY/AGENCY

Ministry/Agency		N A M E	Last		SEX Male () Female ()
Division			First		DATE OF BIRTH
Section			Middle		MM DD YY SOCIAL SECURITY NO.

TYPE OF ACTION

01 () Add employee-Original	07 () Provisional employment	13 () Deceased
02 () Change position- Promotion	08 () Recall from lay-off	14 () Leave of absence
03 () Change position- Demotion	09 () Resignation	15 () Lay-off
04 () Change record- Name, add, etc.	10 () Termination of provisional appoint.	16 () Others
05 () Job transfer	11 () Rejection during probation	17 () Retirement (regular)
06 () Re-employment	12 () Dismissed	18 () Retirement (Disability)

EMPLOYMENT STATUS

PERMANENT	TEMPORARY	JOB TITLE
1. Full-time ()	3. Contractual ()	LOCATION OF WORK
2. Part-time ()	4. Special Project ()	STREET
	5. Internship ()	CITY
	6. Vacation ()	COUNTY
	7. Provisional ()	

CURRENT JOB TITLE (If now in service)	CURRENT SALARY
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JUSTIFICATION: _____

Date _____

Approved: _____
MINISTRY AUTHORIZED SIGNATURE

Ministry code	Payroll code	Title code	Position Number	EMPLOYEE NUMBER: _____
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OFFICIAL JOB TITLE: _____	GRADE	SALARY RANGE Minimum Maximum
Monthly salary	Annual salary	CONDITIONS (IF ANY): _____

SIGNED: _____
RECORDS/RESEARCH

DEPUTY DIRECTOR-GENERAL

CLASSIFICATION/SELECTION

APPROVED: _____
DIRECTOR-GENERAL

BUREAU OF THE BUDGET

MM	DD	YY	DATE _____
EFFECTIVE DATE			BOB ANALYST ASST. DIRECTOR-GENERAL DIRECTOR-GENERAL

MINISTRY OF FINANCE: EDP

MM	DD	YY	EDP Acknowledgement :
DATE RECEIVED			



PAN REVIEW FORM



DIVISION OF RECORDS & RESEARCH

PAN NO. _____ DATE REC'D _____ TIME _____ RECEIPT (NAME) _____

MINISTRY/AGENCY _____

PRIOR REJECTION _____ REASON(S) FOR REJECTION _____

_____ CLEARED _____

REVIEWED BY (NAME) _____ DATE _____ DIRECTOR _____ DATE _____ TIME _____

DIVISION OF CLASSIFICATION

DATE RECEIVED _____ RECEIPT (NAME) _____

NAME ON PAN _____ CLASS _____ SALARY CONSISTENCY _____

SIGNED: _____

ANALYST

DATE

TIME

APPROVED: _____ DISAPPROVED: _____

REASON(S) _____

SIGNED: _____

DIRECTOR

DATE

TIME

DIVISION OF SELECTION (EXAMINATION & CERTIFICATION)

DATE RECEIVED _____ RECIPIENT (NAME) _____

NAME ON PAN _____ EXAM TAKEN _____ DATE _____ RESULT(S) _____

SIGNED: _____ TITLE: _____ DATE: _____ TIME _____

APPROVED: _____ DISAPPROVED: _____

REASON(S): _____

Signed: _____

DIRECTOR

DATE

TIME

DEPUTY DIRECTOR-GENERAL'S OFFICE

DATE RECEIVED _____ RECEIPT (NAME) _____

APPROVED: _____

DEPTY DIRECTOR-GENERAL

DATE

TIME

CSA ANALYST FOR MINISTRY/AGENCY

DATE RECEIVED: _____ TIME: _____ RECEIPT'S NAME: _____

SIGNED: _____

ANALYST

DATE

TIME

RECORDS & RESEARCH (PAN UNIT)

DATE RECEIVED: _____ TIME: _____ RECEIPT'S NAME: _____

DATE DISPATCHED: _____ EXPEDITOR'S NAME _____

**STANDARD POSITION DUTY STATEMENT
CIVIL SERVICE AGENCY
REPUBLIC OF LIBERIA**

<i>MINISTRY/AGENCY/BUREAU/AGENCY NAME:</i>	<i>DATE PREPARED</i>	<i>THIS STATEMENT IS PREPARED IN SUPPORT OF PAN# _____ OR</i> <i>LETTER DATED _____</i>
<i>RECOMMENDED CLASS TITLE:</i>	<i>ACTUAL OR PROPOSED POSITION NUMBER:</i>	<i>DUTIES CURRENTLY PERFORMED BY:</i>

DUTIES: STATE THE DUTIES AND RESPONSIBILITIES OF THE POSITION DETAIL SO THAT THE DEGREE OF DIFFICULTY OF EACH TASK WILL BE CLEAR ASSIGN AN APPROXIMATE PERCENT OF TOTAL TIME FOR EACH TASK.

<i>PERCENT OF TIME</i>	<i>LISTING OF TASK PERFORMED. USE REVERSE SIDE IF MORE SPACE IS NEEDED</i>

SUPERVISION RECEIVED BY THE POSITION: | *SUPERVISION EXERCISED BY THE POSITION*

<i>TITLE OF SUPERVISOR:</i>	<i>NAME OF SUBORDINATES:</i>	<i>TITLE:</i>

SIGNATURE OF PERSON WHO DESCRIBED THE ABOVE TASK

SIGNATURE: _____ *TITLE:* _____

REPUBLIC OF LIBERIA
CIVIL SERVICE AGENCY
PERSONNEL EMPLOYMENT RECORD FORM

NOTE: The form is to be filled and attached to the Personnel Action Notice (PAN) of each person being considered for appointment; or promotions or transfer where the employee in question has had a change in qualifications which is not reflected in the current CSA records.

Please Print or Type **Payroll Number:** _____

Name: Last	First	Middle
Sex: M or F	Date of Birth	Day/Month/Year
Place of Birth	City/Town	County
Social Security No: _____	Marital Status	Dependents National ID : _____
	Country	Nationality
		Previous Name

EDUCATION: LIST INSTITUTION ATTENDED, HIGH SCHOOL AND ABOVE

1.	Institution	Year Attended	Diploma/Degree Achieved
2.	Institution	Year Attended	Diploma/Degree Achieved
3.	Institution	Year Attended	Diploma/Degree Achieved
4.	Institution	Year Attended	Diploma/Degree Achieved.
5.	Institution	Year Attended	Diploma/Degree Achieved

EMPLOMENT HISTORY

1.	Place of Work	Position	Date
2.	Place of Work	Position	Date
3.	Place of Work	Position	Date
4.	Place of Work	Position	Date
5.	Place of Work	Position	Date
6.	Place of Work	Position	Date

REFERENCES

Name	Position/Title	Tel. No.
Name	Position/Title	Tel. No.
Name	Position/Title	Tel. No.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT ANY FRAUDULENT OR UNTRUE STATEMENT WILL AUTOMATICALLY DISQUALIFY ME FROM ENTERING AND SERVING WITHININ THE CIVIL SERVICE.

SIGNED: _____
A P P L I C A N T

APPROVED: _____
PERSONNEL DIR.

DATE: _____