

GOVERNMENT OF ANGUILLA

General Application for Employment in the Anguilla Public Service



This form is to be filled in by the applicant in blue or black ink, in his/her own handwriting and returned to:
 Department of Public Administration, James Ronald Webster Building,
 Social Security Complex, The Valley, Anguilla

1. Position(s) desired, in order of preference:

2. PERSONAL INFORMATION (Please ensure ALL sections are fully completed in CAPITAL letters)

Prefix: Mr Mrs Miss Ms Dr

First Name

Middle/Other Name(s)

Surname/Family Name:

Preferred Name:

Anguilla Social Security No:

Date of Birth:

Age last birthday:

Sex: Male Female

Home Address:

Postal Address:

Telephone No.:

E-Mail:

Place and country of birth:

Nationality:

Immigration Status: Non-belonger Belonger Naturalized/Registered Other _____

Reference number on Naturalization/Registration Certificate _____

Passport Number:

Date and place of issue:

Marital Status

Single Married Widowed Divorced Separated

Name of Spouse:

Address:

Place and country of birth:

Date of Birth:

Nationality:

Telephone No.:

Immigration Status: Non-belonger Belonger Naturalized/Registered Other _____

Reference number on Naturalization/Registration Certificate _____

Next of Kin/ Emergency Contact (Please state Name, Address & Relationship if different from Spouse)

Name:

Address:

Relationship:

Telephone No.:

Number of Children (Age 18 or under):

Name

Gender

Date of Birth

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5. RECORD OF EMPLOYMENT (dates in order, present first)

| Position(s) Held: | Name & Address of Employer | Dates | | Reason for Leaving |
|-------------------|----------------------------|-------|----|--------------------|
| | | From | To | |
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Please state your present basic salary:

6. PRIVATE INVESTMENT INFORMATION

Private investments or Shareholdings, direct (Please tick relevant box)

- (a) Do you undertake any private work for remuneration? Yes No
- (b) Do you undertake any work for public boards or committees? Yes No
- (c) Do you undertake any private agency work? Yes No
- (d) Do you possess any investment or shareholding in any company carrying on business in Anguilla or any other direct or indirect interest in such company? Yes No
- (e) Do you possess any direct or indirect interest in any local business or undertaking? Yes No
- (f) Do you engage directly or indirectly in any trade or in any commercial undertaking? Yes No
- (g) Does your spouse engage directly or indirectly in any employment on Anguilla or hold any interest in a trade, business, company or commercial enterprise on Anguilla which conflicts or may conflict with the efficient and proper performance of your duties? Yes No

If you have answered yes to any of the questions, please give particulars and details below

In the event that your application is successful you will be required to divest yourself of such investments or interests if they appear to constitute conflicts of interest.

7. PERSONAL REFERENCES AND TESTIMONIALS

(a) Give the names and address of two referees. They should be responsible persons who know you well, either in private life or in business. The names of relatives should not be given.

Name:

Name:

Address:

Address:

(b) You should submit with this application form (Please tick ✓ items included) :

- | | | |
|-------|---|--------------------------|
| (i) | An original birth certificate or properly notarized copy | <input type="checkbox"/> |
| (ii) | Naturalisation or Belonger certificate | <input type="checkbox"/> |
| (iii) | Original qualification certificates or properly notarized copies | <input type="checkbox"/> |
| (iv) | Not less than three testimonials to cover your education and past and present employment. (The original testimonials should be sent). | <input type="checkbox"/> |
| (v) | A police recommendation, no older than 6 months covering the past 5 years | <input type="checkbox"/> |
| (vi) | Two recent colour passport sized photographs | <input type="checkbox"/> |

Please state why any of the above relevant for your application have not been included:

8. AVAILABILITY

(a) If offered an appointment, how soon would you be available?

(b) What length of notice must you give your present employer?

9. APPLICANT'S PERSONAL TESTIMONY (Please include here any information relevant to your application not included elsewhere on this form)

10. APPLICANT'S STATEMENT

I understand that this application is not a contract of employment.

I understand that the Government of Anguilla will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorise all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant _____

Date _____

N.B. If additional space is needed to complete any part of this form please attach a separate sheet.

FOR OFFICIAL USE ONLY

Received By: _____

Date: _____

Notes:



Successful

Short listed

Reconsider another time

Unsuccessful

Entered in System By: _____

Date: _____

Verified By: _____

Date: _____

GOVERNMENT OF ANGUILLA

Internal Application for another position in the Anguilla Public Service



This form is to be filled in by the applicant in blue or black ink, in his/her own handwriting and returned to:
 Department of Public Administration, James Ronald Webster Building,
 Social Security Complex, The Valley, Anguilla

1. Position applied for:

2. PERSONAL INFORMATION (Please ensure ALL sections are fully completed in CAPITAL letters)

| | | |
|----------------------|------------|----------------------|
| Surname/Family Name: | First Name | Middle/Other Name(s) |
|----------------------|------------|----------------------|

| | | |
|---------------|---------------------|------------------------------|
| Date of Birth | Employee ID Number: | Current Employer/Department: |
|---------------|---------------------|------------------------------|

| | | |
|-------------------|----------------|---------------|
| Current Position: | Current Grade: | Current Step: |
|-------------------|----------------|---------------|

| | |
|----------|---------------|
| Address: | Telephone No: |
| | E-Mail: |

If you have become naturalised or a believer of Anguilla since your entry into the service please state number _____
 Date _____ and name in which certificate was granted (if different from above) _____

| | |
|------------------|--------------------------|
| Passport Number: | Date and place of issue: |
|------------------|--------------------------|

Marital Status

Single
 Married
 Widowed
 Divorced
 Separated

Name of Spouse: _____

| | |
|-----------------------------|--------------|
| Place and country of birth: | Nationality: |
|-----------------------------|--------------|

If naturalised or a believer of Anguilla please state number _____ Date _____
 And name in which certificate was granted (if different from above) _____

Next of Kin (Please state Name, Address, Telephone number & relationship if different to Spouse)

| Number of Children (Age 18 or under): Name | Gender | Date of Birth |
|---|--------|---------------|
| | | |
| | | |
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| | | |

7. PRIVATE INVESTMENT INFORMATION

Private investments or Shareholdings, direct

- (a) Do you undertake any private work for remuneration? Yes No
- (b) Do you undertake any work for public boards or committees? Yes No
- (c) Do you undertake any private agency work? Yes No
- (d) Do you possess any investment or shareholding in any company carrying on business in Anguilla or any other direct or indirect interest in such company? Yes No
- (e) Do you possess any direct or indirect interest in any local business or undertaking? Yes No
- (f) Do you engage directly or indirectly in any trade or in any commercial undertaking? Yes No
- (g) Does your spouse engage directly or indirectly in any employment on Anguilla or hold any interest in a trade, business, company or commercial enterprise on Anguilla which conflicts or may conflict with the efficient and proper performance of your duties? Yes No

If you have answered yes to any of the questions, please give particulars and details below

In the event that your application is successful you will be required to divest yourself of such investments or interests if they appear to constitute conflicts of interest

8. PERSONAL TESTIMONY (Please state why do you feel you are the right person for this position)

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Signature of Applicant _____ Date _____

You should submit the following supporting documents if relevant to your application form (Please tick ✓ items included) :

- (i) Naturalisation or Belonger certificate
- (ii) Original qualification certificates or properly notarized copies

Please state why any of the above documents relevant for your application have not been included:

9. DEPARTMENT TESTIMONIAL (Please state whether you support this application and reason why or why not)

| |
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Supported Not Supported

Signature of Head of Department/Supervisor

Date

N.B. If additional space is needed to complete any part of this form please attach a separate sheet.

FOR OFFICIAL USE ONLY

Received By: _____

Date: _____

Notes:



Successful Short listed Reconsider another time U Successful

Entered in System By: _____

Date: _____

Verified By: _____

Date: _____

Government of Anguilla

Employee Personal Record

| | | | | |
|---|--------------------------|---|---------------------------|---|
| NAME: | | Employee ID #: | Social Security #: | Medical Insurance ID #: |
| Date of Birth: | | Nationality: | | Place of Birth: |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | No. of Dependents | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed | | Job Related Physical disabilities: |
| Pension Scheme: Old [] Months of Qualifying Service New [] Contributory Amount | | Date Eligible: | | Date Joined: |

| EMPLOYEE ADDRESS: | IN EMERGENCY INFORM: |
|---|--|
| Permanent Residence (Anguilla or Overseas): | NAME: _____ ADDRESS: _____ _____ TELEPHONE: _____ (Wk) _____ (Hm) _____ (Cell) |
| Postal Address: | NAME: _____ ADDRESS: _____ _____ TELEPHONE: _____ (Wk) _____ (Hm) _____ (Cell) |



GOVERNMENT OF ANGUILLA
MEDICAL EXAMINATION OF CANDIDATE FOR APPOINTMENT TO THE PUBLIC SERVICE

1. Candidates for appointment to the Public Service should complete the Form below and hand it to the Medical Officer when presenting themselves for examination.
2. The candidate will be held responsible for the accuracy of the statements in Form P/5 and by wilfully with-holding or suppressing any information will incur the risk of losing the appointment.
3. The completed Form will be forwarded by the Medical Officer when he/she submits his/her report on the candidate on Form P/6 attached.

Name of Candidate (in full)

Date of Birth Place of Birth

Occupation

Married, Single, Widowed or Divorced

Countries of residence (with dates)

Have you ever been vaccinated?

If so, give the date and results

Have you, to your knowledge, suffered from any complaint of the lungs?

If so, give details

Have you, to your knowledge, suffered from any other disease or serious illness, especially Hernia, Pulmonary or Cardiac or Urinary symptoms, Epilepsy, or Mental Disease?

.....

If so, give details

Are you temperate in your habits?

To your knowledge, are any members of your family, or near relatives, subject to consumption or to any disease of the lungs, or to insanity or fits, or have they been so subject?

If so, give details

Father - Alive & age years/died at age

Mother - Alive & age years/died at age

I certify that, to the best of my knowledge, the replies to the questions on the above Form are correct.

Signature Date



GOVERNMENT OF ANGUILLA

REPORT ON MEDICAL EXAMINATION OF CANDIDATE FOR APPOINTMENT TO THE PUBLIC SERVICE OF ANGUILLA

To be completed by the Medical Officer examining the candidate and to be forwarded to the Department of Public Administration, with Form P/5 attached which should be completed and signed by the Candidate.

I have examined as to physical and mental fitness for appointment to the Public Service as with the following results.

- 1. General condition Height Weight
- External signs of disease or injuries (including scalp, ear discharge).....
- 2. Vision - Right Eye Left Eye
- Colour Sense
- 3. Hearing 4. Teeth & Fauces
- 5. Pulse 6. Respiration
- 7. Lungs 8. Heart
- 9. Blood Pressure
- 10. Liver 11. Spleen
- 12. Groin 13. Legs & Feet
- 14. Nervous System 15. Skin
- 16. Mental Condition
- 17. Evidence of Alcoholism
- 18. Urine - SG Sugar Albumen Deposits
- 19. Is there any evidence of family sickness, such as phthisis, insanity cancer, etc?.
-
- 19 (b) If so, give details.....
- 20. Are you pregnant?.....
- 21. Vaccinated on Revaccinated on
- Result

REMARKS

CERTIFICATE

I certify that I have examined and find him/her
Physically and mentally fit/unfit for appointment to the Anguilla Public Service as

Signature of Medical Officer Date



GOVERNMENT OF ANGUILLA

PERSONNEL ACTION FORM

This form is to be filled in by the Employee and sent with supporting documentation to:
 Department of Public Administration, James Ronald Webster Building,
 Social Security Complex, The Valley, Anguilla

1. EMPLOYEE INFORMATION (Please ensure ALL sections are fully completed in CAPITAL letters)

| | |
|------------------------|---------------------|
| Full Name of Employee: | Employee ID Number: |
|------------------------|---------------------|

| | |
|-----------------------------|-------------------------|
| Department & Department ID: | Position & Position ID: |
|-----------------------------|-------------------------|

2. TYPE OF CHANGE (Please tick relevant box and write details of change to be made to personal file record)

| | | | | | | | | | | |
|--|---|---------------|--------|---------------|-------|-------|-------|-------|-------|-------|
| <input type="checkbox"/> Change of Name _____ <input type="checkbox"/> Change of Address _____ _____ _____ <input type="checkbox"/> Change in Marital Status _____ _____ | <input type="checkbox"/> Change in Dependents <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Name</td> <td style="width: 30%;">Gender</td> <td style="width: 40%;">Date of Birth</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <input type="checkbox"/> Change in Immigration Status _____ <input type="checkbox"/> Other _____ _____ | Name | Gender | Date of Birth | _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Gender | Date of Birth | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | |

3. SUPPORTING DOCUMENTS (Please list the documents you have attached to support the change)

| |
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| |
| |
| |

| | |
|--------------------------------|---------------|
| _____ Signature of Employee | _____ Date |
|--------------------------------|---------------|

FOR PUBLIC ADMINISTRATION USE ONLY

Notes

Received by: _____ Date: _____ Entered in System: _____ Date: _____



ANGUILLA

Department of Public Administration
P O Box 60
The Valley
ANGUILLA

EMPLOYEE ID NO: _____

REF NO: PF/ _____

Date _____

FROM: ~~Deputy Governor/~~
Permanent Secretary, Public Administration

TO: _____ (Head of Department)

ACCOUNTANT GENERAL, AUDIT, ADMINISTRATOR PSPB & INCUMBENT:-

The following appointment/~~transfer~~ has been approved:-

NAME: _____

Present Class or Post _____

Appointed as/Transferred _____

- On probation for one year
- On a permanent basis
- On temporary month-to-month/day-to-day terms
- On contract for one year
- On acting appointment
- On transfer
- On promotion

With effect from _____

Salary \$ _____ **per annum** **Salary Grade/Range** _____ **Point** _____

Progression ()

Allowances _____

Incremental date _____

Head of Estimates _____

~~Deputy Governor~~

Permanent Secretary,
Public Administration



Government of Anguilla

Department of Public Administration
 J Ronald Webster Building
 Social Security Complex
 The Valley
 ANGUILLA

Date: ____/____/20____

Certificate of Service

This is to certify that _____ was
 employed by the Anguilla Public Service from _____ to
 _____ and that he/she held the position of _____ on
 leaving the service.

The reason for leaving the service was:

- Resignation
- Termination of Contract
- Retirement on age
- Retirement on medical grounds
- Retirement in the public interest
- Dismissal

Enquiries in regard of _____'s work and conduct during

his/her service may be addressed to the Deputy Director Employment, at the address stated above.

 Deputy Director, Employment



Government of Anguilla

Department of Public Administration
J Ronald Webster Building
Social Security Complex
The Valley
ANGUILLA

Claim For Subsistence and Travelling Expenses

Date: ____ / ____ /20 ____

TO:

I certify that the claim submitted is in respect of expenses actually and necessarily incurred in connection with my travelling on duty and that the amount claimed takes into account all advances to me in this connection.

Employee:

Position:

Department:

Employee Signature:

| <u>Date</u> | <u>Time</u> | <u>From</u> | <u>Diary</u> | <u>To</u> | <u>Method</u> |
|-------------|-------------|-------------|--------------|-----------|---------------|
|-------------|-------------|-------------|--------------|-----------|---------------|

- (a) Refund of hotel expenses as in attached receipted bills.
- (b) Refund of other expenses for meals or accommodation as in attached receipted bills

Certificate

I certify that the above claim is correct and that the amount of US/EC*\$ _____ is due and payable to the Employee as stated above.

Head of Department

Date: ____ / ____ /20 ____

*(delete as appropriate)

Application for Vacation Leave

From Officers other than Heads of Department (To be prepared in triplicate). Top copy in blue



1. To: Head of Department

I apply to take days from ___/___/20___ to ___/___/20___ both days included as part of my vacation leave of which I have already taken days during the current year.

Employee Information

| | |
|-------------------|--|
| Last Name | <input type="text"/> |
| First Name | <input type="text"/> |
| Middle Initial(s) | <input type="text"/> <input type="text"/> <input type="text"/> Employee ID Number <input type="text"/> <input type="text"/> <input type="text"/> |
| Job Title | <input type="text"/> |
| Department | <input type="text"/> |

Employee Signature: _____ Date: ___/___/20___

(a) Leave request noted by Supervisor/Sub-Head

Signature of Supervisor/Subhead: _____ Date: ___/___/20___

2. To: Permanent Secretary

Leave recommended in accordance with vacation roster. Yes No

Departmental arrangements will be made to cover for the period of leave.
 A substitute is required to cover, please see attached recommendation.

Head of Department _____ Date: ___/___/20___

3. To: Head of Department/HR Contact Person

Leave Approved in accordance with recommendation. Yes No

Permanent Secretary _____ Date: ___/___/20___

4. To: Head of Department

This Employee now has days available.

Leave is in order and recorded.
 Leave is not in order. Please amend as indicated.
 Action to satisfy the substitute requirement requested at section 2 will be taken.

_____/_____/20___
Deputy Director, Employment Date

For HRI System Use Only

Received Signed: _____ Date: ___/___/20___

Entered in System Signed: _____ Date: ___/___/20___

Application for Vacation Leave

From Heads of Department (To be prepared in triplicate)



1. To: Permanent Secretary

I apply to take days from ___/___/20___ to ___/___/20___ both days included as part of my vacation leave of which I have already taken days during the current year.

Employee Information

Last Name

First Name

Middle Initial(s) Employee ID Number

Job Title

Department

Employee Signature: _____ Date: ___/___/20___

2. To: Deputy Director, Employment

Leave recommended in accordance with vacation roster. Yes No

Departmental arrangements will be made to cover for the period of leave.

A substitute is required to cover, please see attached recommendation.

Permanent Secretary _____ Date: ___/___/20___

3. To: Permanent Secretary, Public Administration

This Employee now has days available.

Leave is in order please approve.

Leave was not in order but has been amended as indicated.

Deputy Director, Employment _____ Date: ___/___/20___

4. To: Deputy Director Employment/Head of Department/Permanent Secretary

Leave approved Yes No

DD Employment, please take necessary action to satisfy the substitute requirement stated in section 2.

PS, Public Administration _____ Date: ___/___/20___

For HRI System Use Only

Received by: Signed _____ Date ___/___/20___

Entered in System Signed _____ Date ___/___/20___

Application for Vacation Leave

From Permanent Secretaries (To be prepared in triplicate)



1. To: Minister/DD Employment

I apply to take days from ____/____/20__ to ____/____/20__ both days included as part of my vacation leave of which I have already taken days during the current year.

Employee Information

Last Name

First Name

Middle Initial(s) Employee ID Number

Job Title

Department

Employee Signature: _____ Date: ____/____/20__

(a) Leave request noted by Minister.

Signature of Minister _____ Date: ____/____/20__

2. To: P.S. Public Administration/Hon. Deputy Governor

Leave is in order and record- ed. Leave is not in order, but has been amend- ed.

This Employee now has days available.

_____/_____/20__
Deputy Director, Employment Date

3. To: Deputy Director, Employment

Leave is approved in accordance with vacation roster.

Please take necessary action to satisfy the substitute requirement.

_____/_____/20__

For HRI System Use Only

Received _____ /_____/20__
Signed Date

Entered in System _____ /_____/20__
Signed Date

Application for Vacation Leave

From Deputy Governor (To be prepared in triplicate)



1. To: Governor

I apply to take days from ____/____/20__ to ____/____/20__ both days included as part of my vacation leave of which I have already taken days during the current year.

Employee Information

Last Name

First Name

Middle Initial(s) Employee ID Number

Job Title

Department

Employee Signature: _____ Date: ____/____/20__

Leave approved Leave not approved.

Signature of Governor _____ Date: ____/____/20__

2. To: P.S. Public Administration/Governor

Leave is in order and recorded. Leave is not in order, but has been amended.

This Employee now has days available.

Deputy Director, Employment _____/_____/20__
Date

For HRI System Use Only

| | | |
|-------------------|--------|------------------|
| Received | _____ | _____/_____/20__ |
| | Signed | Date |
| Entered in System | _____ | _____/_____/20__ |
| | Signed | Date |



ANGUILLA PUBLIC SERVICE

HALF YEARLY PROBATIONARY REPORT

Name of Officer _____

Date of Birth _____

Department _____ Post _____

Date of appointment to service _____

Commencement of probationary period _____

Qualifications:- _____

Formal Training (course):

Conduct and performance during period of assessment:-

Was special attention paid to the training of the officer on probation? If so, please state:

Did the officer exhibit tendencies, which render it in anyway doubtful that he/she will be suitable for permanent retention? If so, was he/she warned and given such assistance as may be possible to correct faults? Please state:

General Comments: _____

Recommendations: _____

.....
Head of Department
Date

.....
Permanent Secretary
Date



ANGUILLA PUBLIC SERVICE
FINAL PROBATIONARY REPORT

Name of Officer _____

Date of Birth _____

Department _____ Post _____

Date of appointment to service _____

Commencement of probationary period _____

Formal Training (course): _____

Conduct and performance during period of assessment:- _____

Was special attention paid to the training of the officer on probation? If so, please state:

Did the officer exhibit tendencies, which render it in anyway doubtful that he/she will be suitable for permanent retention? If so, was he/she warned and given such assistance as may be possible to correct faults? Please state:

General Comments: _____

Recommendations: _____

.....
Head of Department

.....
Date

Comments of PS: _____

.....
Permanent Secretary

.....
Date



ANGUILLA PUBLIC SERVICE
FINAL PROBATIONARY REPORT (EXTENSION)

Name of Officer _____

Date of Birth _____

Department _____ Post _____

Date of appointment to service _____

Commencement of probationary period _____

Period of Extension _____ months

Formal Training (course): _____

Conduct and performance during period of assessment:- _____

Was special attention paid to the training of the officer on probation? If so, please state:

Did the officer exhibit tendencies, which render it in anyway doubtful that he/she will be suitable for permanent retention? If so, was he/she warned and given such assistance as may be possible to correct faults? Please state:

General Comments: _____

Recommendations: _____

.....
Head of Department

.....
Date

Comments of PS: _____

.....
Permanent Secretary

.....
Date



NOTIFICATION OF UNCERTIFICATED LEAVE

P11

TO: PS, Public Administration DATE: _____

FROM: _____ REF: _____

I advise that Mr/ Mrs/Miss _____ the holder of the post of _____ in the _____

Department, has resumed duties on ____ / ____ / ____ following his/her absence on ____ / ____ / ____, ____ days uncertificated leave. He/she has now had a total of ____ uncertificated leave days during the current year.

Head of Department



NOTIFICATION OF UNCERTIFICATED LEAVE

P11

TO: PS, Public Administration DATE: _____

FROM: _____ REF: _____

I advise that Mr/ Mrs/Miss _____ the holder of the post of _____ in the _____

Department, has resumed duties on ____ / ____ / ____ following his/her absence on ____ / ____ / ____, ____ days uncertificated leave. He/she has now had a total of ____ uncertificated leave days during the current year.

Head of Department



NOTIFICATION OF UNCERTIFICATED LEAVE

P11

TO: PS, Public Administration DATE: _____

FROM: _____ REF: _____

I advise that Mr/ Mrs/Miss _____ the holder of the post of _____ in the _____

Department, has resumed duties on ____ / ____ / ____ following his/her absence on ____ / ____ / ____, ____ days uncertificated leave. He/she has now had a total of ____ uncertificated leave days during the current year.

Head of Department



GOVERNMENT OF ANGUILLA

RECORD OF AN ORAL WARNING

| | | | | | |
|------------|--------------|----------------------|----------------------|----------------------|----------------------|
| Issued to: | Employee ID: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Date issued: | | | | |

Having given you the opportunity to attend and make representations at the disciplinary hearing held on the [] and having fully considered the facts of the case, including the explanation furnished by you, I am by this Record confirming the oral warning given to you, following the said hearing, in respect of the following misconduct and/or performance below expected standards:

You should note that if you commit any further misconduct within a period of twelve months from the date of the said oral warning, or if your performance continues below expected standards, then the oral warning will be taken into account in deciding the seriousness of any further disciplinary action, **WHICH COULD LEAD TO YOUR DISMISSAL**. If you wish to appeal against the oral warning you should write to me giving full details of the grounds of your appeal to reach me within fourteen days of the date of this Record.

The said oral warning will cease to count against you and will be deemed to have expired if there is no further misconduct or performance below expected standards by you during the twelve-month period immediately following the warning. However, the oral warning may be reactivated for the purpose of disciplinary proceedings leading to your dismissal where you have accumulated two or more expired warnings of any kind.

You are expected to reach and maintain the following standard of conduct and/or performance:

Signed: _____ (Head of Department)

Name in block capitals:

I certify that I have received and understood this Record of the oral warning given to me on the day of 20____.

Signed: _____ Date: _____



GOVERNMENT OF ANGUILLA

DISCIPLINE – WRITTEN WARNING

| | | | | | |
|--------------|--|--|--|--|--|
| Issued to: | Employee ID: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | |
| | | | | | |
| Date issued: | | | | | |

Having given you the opportunity to attend and make representations at the disciplinary hearing held on the [] and having fully considered the facts of the case, including the explanation furnished by you, this written warning is given to you in respect of the following misconduct and/or performance below expected standards:

You should note that if you commit any further misconduct within a period of twelve months from the date of this written warning, or if your performance continues below expected standards, then this written warning will be taken into account in deciding the seriousness of any further disciplinary action, **WHICH COULD LEAD TO YOUR DISMISSAL**. If you wish to appeal against this written warning you should write to me giving full details of the grounds of your appeal to reach me within fourteen days of the date of this warning.

This written warning will cease to count against you and will be deemed to have expired if there is no further misconduct or performance below expected standards by you during the twelve-month period immediately following the warning. However, this warning may be reactivated for the purpose of disciplinary proceedings leading to your dismissal where you have accumulated two or more expired warnings of any kind.

You are expected to reach and maintain the following standard of conduct and/or performance:

Signed: _____(Head of Department)

Name in block capitals:

I certify that I have received and understood this written warning

Signed: _____ Date: _____



GOVERNMENT OF ANGUILLA

DISCIPLINE – FINAL WARNING

| | | | | | |
|--------------|--|--|--|--|--|
| Issued to: | Employee ID: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | |
| | | | | | |
| Date issued: | | | | | |

Having given you the opportunity to attend and make representations at the disciplinary hearing held on the [] and having fully considered the facts of the case, including the explanation furnished by you, this final written warning is given to you in respect of the following misconduct and/or performance below expected standards:

You should note that if you commit any further misconduct within a period of twelve months from the date of this final written warning, or if your performance continues below expected standards, then this written warning will be taken into account in deciding the seriousness of any further disciplinary action, **WHICH IS LIKELY TO LEAD TO YOUR DISMISSAL**. If you wish to appeal against this final written warning you should write to me giving full details of the grounds of your appeal to reach me within fourteen days of the date of this warning.

This final written warning will cease to count against you and will be deemed to have expired if there is no further misconduct or performance below expected standards by you during the twelve-month period immediately following the warning. However, this warning may be reactivated for the purpose of disciplinary proceedings leading to your dismissal where you have accumulated two or more expired warnings of any kind.

You are expected to reach and maintain the following standard of conduct and/or performance:

Signed: _____ (Permanent Secretary)

Name in block capitals: _____

I certify that I have received and understood this final written warning:

Signed: _____ Date: _____



C O N F I D E N T I A L
ANGUILLA PUBLIC SERVICE
VACANCY FORM

FROM: _____

Head of Department

TO: _____

Permanent Secretary

DATE: _____

Dd/mm/yr

I should be grateful if you would advise the Deputy Director Human Management (via the Permanent Secretary, Public Administration) on the filling of the vacancy identified below:

| | | | |
|---|-------------|-------------------------|------------------------|
| DEPARTMENT: | | | |
| POST: | | SALARY SCALE: | |
| HEAD | ITEM | NO. OF VACANCIES | DATE OF VACANCY |
| DUTIES: (attach details) | | | |
| QUALIFICATIONS AND EXPERIENCE REQUIRED: | | | |
| RECOMMENDATION OF HEAD OF DEPARTMENT: | | | |
| Signed: _____ | | | |
| DATE: _____ | | Designation: _____ | |
| RECOMMENDATION OF THE PERMANENT SECRETARY IN MINISTRY: | | | |
| <p>I certify that the particulars above are correct and that there is no objection on financial or personnel grounds to the vacancy being filled with effect from _____.</p> <p>The terms of the draft advertisement are correct, and I support/do not support the recommendation above.</p> <p>DATE: _____</p> <p style="text-align: right;">Signed: _____ Permanent Secretary</p> | | | |
| <i>*To be prepared in triplicate.</i> | | | |