



EMPLOYMENT RECORDS FORM

1. Personal Details (Please write names in full as in official records)

Employee N°:		Social Security Number:	
Title	Prof.	Dr.	Mr. Mrs. Miss Rev.
Surname:			
Other Name(s):			
Maiden Name	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Date of Birth: / /	Place of Birth:	Country of Birth:	
Nationality:		
Phone N°:		Email:	
Permanent Postal Address:	P. O. Box	City / Town:	Region:
	Country:	Hometown:	

(Please use name as in your official documents)

2. Family Details:

Marital Status: Single Married Widowed Divorced

Name of Spouse: Date of Marriage: / /

Father's Name:

Mother's Name:

Next of Kin: Relationship to You:

Address: Tel No:

Emergency Contact Person Relationship to You

Address: Telephone Number

Number of Children:

Names of Children (Provide Names of Additional Children as Attachment)

No	Name	Sex	Date of Birth	Place of Birth

3a. Professional and Academic Information

Basic Qualification (Name): Date: / /

Additional Qualification (1): Date: / /

Additional Qualification (2): Date: / /

Additional Qualification (3): Date: / /

3b. For Employees Belonging to Registered Professional Bodies Only:

Name of Professional Body Registration No.

Date of Registration (PIN Date): / / Expiry Date: / /

4. Driving License (Compulsory for all Professional Drivers)

License Number: Type of License:

Date Issued: / / Expiry Date: / /

5. Appointment Details:

Type of Appointment: Permanent Contract

Date of 1st Appointment: / / Grade on 1st Appointment:

Current Grade Date of Current Appointment / /

Profession: Specialty:

Job Title:

6a. History of Promotions / Upgrading / Conversion:

Promotions: (Indicate Grade)

1st Promotions: Effective Date: / /

2nd Promotions: Effective Date: / /

3rd Promotions: Effective Date: / /

4th Promotions: Effective Date: / /

5th Promotions: Effective Date: / /

6b. Upgrading: (Indicate Grade)

1st Upgrading: Effective Date: / /

2nd Upgrading: Effective Date: / /

3rd Upgrading: Effective Date: / /

Conversion (Indicate Grade on Conversion)

1st Conversion:

Effective Date: / /

2nd Conversion:

Effective Date: / /

7. Contract / Re-appointment/ Limited Engagement

Contract / Re-engagement Reappointment Limited Engagement

For Contract Only:

1st Contract 2nd Contract 3rd Contract

Grade on Current Contract, Re-appointment etc.

Effective Date: / / Ending Date: / /

8a. Salary and Bank Details

Current Salary Band (Level): Salary Step: Monthly Gross Salary

Date of Increment: / /

8b. Bankers: (For Salaries Only)

Bank Name: Bank Branch:

Type of Accounts Account Number:

9a. Postings / Transfers

Current Posting (Name of Facility):

Date of Current Posting: / /

Date of Assumption of Duty: / /

Current Unit

9b. Previous Postings (List Names of Station)

From (1): To: Effective Date: / /

From (2): To: Effective Date: / /

From (3): To: Effective Date: / /

From (4): To: Effective Date: / /

From (5): To: Effective Date: / /

Leave With Pay / Without Pay

10a. Leave With Pay: (Please provide information on leave with pay enjoyed)

Reason (1st): Start Date: / / End Date / /

Reason (2nd): Start Date: / / End Date / /

Reason (3rd): Start Date: / / End Date / /

10b. Leave Without Pay: (Please provide information on leave without pay enjoyed)

Reason (1st): Start Date: .. / .. / .. End Date .. / .. / ..
Reason (2nd): Start Date: .. / .. / .. End Date .. / .. / ..
Reason (3rd): Start Date: .. / .. / .. End Date .. / .. / ..

10c. If leave with pay or without pay was used for educational purposes, provide the following details:

School (1st) Programme:
Source of Scholarship: Type: Full Half None
School (2nd) Programme:
Source of Scholarship: Type: Full Half None
(For explanations on type of scholarship, refer to guidelines for sponsorship for post-basic and fellowship training.)

11. Staff Performance Appraisal (SPA) Records (for the past three years): (Overall Rating:

Unsatisfactory, Poor, Satisfactory, Very Good, Excellent)

1st SPA: Overall Rating Training Need Identified:
2nd SPA: Overall Rating Training Need Identified:
3rd SPA: Overall Rating Training Need Identified:

12. In-service Training (Provide information on three most recent IST benefited):

Subject Duration Organizers
Subject Duration Organizers
Subject Duration Organizers

13. Employee Awards Details

Award Description (1) Date .. / .. / ..
Awarding Institution Value
Award Description (2) Date .. / .. / ..
Awarding Institution Value

14a. Health & Safety

NHIS

Have you registered with NHIS?: Yes No

NHIS Number Date of Registration .. / .. / ..
Scheme Name: Expiry Date: .. / .. / ..

14b. Job Related Accidents

Injury Description Date of Injury / /
Cause of Injury Place of Injury
Compensation Given: Yes No
Type of Compensation: Source

15a. Accommodation Information

Source of Accommodation: Government Private (Rented) Private (Own)
Type of Accommodation: 1-BRS 2-BRS 3-BRS+ S-R C&H

15b.

Rent: % Deduction Amount (In Gh. Cedis)
Mode of Payment: Controller Bank Standing order On the Table
Have you Benefited from any Civil / Public Servants' Housing Loan Before?: Yes No
Amount Granted Date of Approval / / No. of Installments
Date of 1st Installment / /

16a. Transportation Information

Source of Vehicle: Government VRF Private (Tax Exemption) Private
Vehicle Make Vehicle Type Date Acquired / /

16b. For MOH/GHS Hire Purchase Vehicle Beneficiaries Only

Date of 1st Installment / / Number of Installments
Have you Benefited from Vehicle Maintenance Allowance: Yes No Date: / /

17. Tools Allowance

Do you Benefit from Tools Allowance: Yes No
Frequency Date of Last Payment / / Amount

Staff Signature: **Date:** / /

Thanks