**Form No.(7) Job Rotation Agreement**

**Personal information**

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| Name: | Department: |
| Job Class: | Job Title: |
| Date of appointment in current job: | Manager: |
| Phone No. | E-mail address: |

**Details of Job Rotation:**

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| Job Rotation in the Division: |  |
| Host Manager: |  |
| Division Name: |  |
| Duration of the Job rotation: |  |
| Starting Date: |  |
| Completion Date: |  |
| Duties during Job Rotation: |  |

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| Please specify how the job rotation contributes to the achievement of the development objectives mentioned in your individual development plan. |

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| Please specify how the does host department or division benefit from this job rotation (The department/ division that you will join). |

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| Employee Signature: | Date: |
| Approval of Line Manager: | Job title: |
| Approval of host line manager of job rotation department | |
| Signature: | Date: |
| Name: | Job Title: |
| Approval of Managing Director: | |
| Signature: | Date: |
| Name: | Job Title: |