**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:  |