



Form No.(7) Job Rotation Agreement

Personal information

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

Details of Job Rotation:

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

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

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

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: