

## GENERAL ORDER 9

**DESIGNATED SENIOR MANAGEMENT POSITIONS  
UNDER PART XI OF THE PUBLIC SERVICES (MANAGEMENT) ACT  
INITIAL CONTRACT & CONTRACT RENEWAL**

OFFICER'S PERSONAL DETAILS

DEPARTMENT/AGENCY: \_\_\_\_\_ DIVISION: \_\_\_\_\_

FULL NAME OF OFFICER: \_\_\_\_\_

PAY FILE NO: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PUBLIC SERVICE START DATE: \_\_\_\_\_

OFFICER'S CURRENT SUBSTANTIVE APPOINTMENT

FULL SUBSTANTIVE TITLE: \_\_\_\_\_

POSITION NO. \_\_\_\_\_ CONTRACT CATEGORY: \_\_\_\_\_ APPOINTMENT DATE: \_\_\_\_\_

SALARY GRADE/POINT: \_\_\_\_\_ SALARY AT CONTRACT APPOINTMENT K \_\_\_\_\_ PA

OFFICER'S CONTRACT HISTORYINITIAL CONTRACT: YES/NO. OR CONTRACT VARIED BY NEW APPOINTMENT: YES/NO.OR CONTRACT RENEWED FOLLOWING PERFORMANCE REVIEW: YES/NO.

CONTRACT START DATE: \_\_\_\_\_ CONTRACT LENGTH: \_\_\_\_\_ YEARS.

CONTRACT RENEWAL DATE: \_\_\_\_\_ NO. CONTRACTS COMPLETED TO DATE: \_\_\_\_\_

N.B. Attach a copy of the Officer's Notification of Appointment Form, plus, Contract Performance Review Form as appropriate.

FORM PREPARED BY DELEGATE OF SECRETARY DEPARTMENT OF PERSONNEL MANAGEMENT:

NAME &amp; POSITION: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

DECLARATION BY DEPARTMENTAL HEAD:

The above named Officer substantively occupies a Senior Management Officer Position as defined under Sections 40 to 43 of the Act and General Order No.9, and is eligible for appointment on a contract of employment.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENTAL HEAD

Note that provided that the Departmental Head has delegated powers under Section 41 of the **Public Services (Management) Act** to execute contracts of employment, then the Departmental Head may proceed to execute an initial or renewed contract.

In the event that the Departmental Head has no delegated powers to execute contracts, then the Departmental Head's decision shall be ratified by the Secretary, Department of Personnel Management, and an initial or renewed contract shall be executed by the Secretary, Department of Personnel Management

**MEDICAL AND DENTAL OFFICERS ELIGIBLE UNDER  
PART XI OF THE PUBLIC SERVICES (MANAGEMENT) ACT 1995  
INITIAL CONTRACT & CONTRACT RENEWAL**

**OFFICER'S PERSONAL DETAILS**

DEPARTMENT/PUBLIC HOSPITAL/AGENCY: \_\_\_\_\_

**FULL** \_\_\_\_\_ **NAME** \_\_\_\_\_ **OF** \_\_\_\_\_ **OFFICER:**

PAY FILE NO: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SERVICE START DATE: \_\_\_\_\_

**OFFICER'S CURRENT SUBSTANTIVE APPOINTMENT**

SUBSTANTIVE TITLE: \_\_\_\_\_ POSITION NO \_\_\_\_\_

MO/DO CATEGORY: \_\_\_\_\_ APPOINTMENT DATE: \_\_\_\_\_ SALARY GRADE/POINT: \_\_\_\_\_

SALARY AT CONTRACT APPOINTMENT: K \_\_\_\_\_ PA CONTRACT TYPE OFFER: \_\_\_\_\_**OFFICER'S CONTRACT HISTORY**INITIAL CONTRACT: YES/NO. OR CONTRACT VARIED BY NEW APPOINTMENT: YES/NO.OR CONTRACT RENEWED FOLLOWING PERFORMANCE REVIEW: YES/NO.

CONTRACT START DATE: \_\_\_\_\_ CONTRACT LENGTH: \_\_\_\_\_ YEARS.

CONTRACT RENEWAL DATE: \_\_\_\_\_ NO. CONTRACTS COMPLETED TO DATE: \_\_\_\_\_

N.B. Attach a copy of the Officer's Notification of Appointment Form, plus, Contract Performance Review Form as appropriate.

**FORM PREPARED BY DELGATE OF SECRETARY DEPARTMENT OF PERSONNEL MANAGEMENT:**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**DECLARATION BY SECRETARY FOR HEALTH/HOSPITAL CEO:**

The above named Officer substantively occupies a Medical/Dental Officer Position and is eligible under Sections 40 to 43 of the Act and General Order No.9, for appointment on a contract of employment as described above. I hereby confirm that having accepted the advice of the Delegate of the Secretary, Department of Personnel Management, I declare that:

- A. A contract of employment shall be prepared for my signature OR
- B. No contract of employment is to be prepared

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

DEPARTMENTAL HEAD