WORLD HEALTH ORGANIZATION

PERSONNEL REQUISITION

Originated by	Tel No.:	Date

To: PERSONNEL (through BUD)

Action Required:

- Appointment ☐
- Extension ☐
- Classification ☐
- Reassignment ☐
- Termination
  - a) Resignation ☐
  - b) End Contract ☐
  - c) Termination of contract ☐
- Other (specify under Remarks) ☐

Remarks:

Name of selected candidate or staff member (last, first name, nationality, sex)

Effective date or Recruitment target date:

Briefing in HQ: ☐ yes ☐ no

Briefing in RO: ☐ yes ☐ no

Status and tenure	If staff member: present status	Proposed status or tenure
Duration of appointment		
Approved title of post		
Post Number		
Grade/Step; salary		
Official station or Travel* Status		
Division, region, office		
Unit or project		
Allotment Number		
Earmarking Number		

Signatures (as required) – N.B. THIS FORM MUST BE CLEARED BY BUDGET IN ALL CASES

(Unit)	(Division)	(ADG/RD/DPM/DSP)			BUD/BO

FOR PERSONNEL'S USE ONLY

Remarks (for Personnel's use only)

Approved grade/date	Selection cttee/date	Action authorized

* IF TRAVEL STATUS, GIVE DETAILS UNDER "REMARKS" AT TOP OF FORM