

WORLD HEALTH ORGANIZATION		AUTHORIZED POSITION REQUEST		
Date of request	Office or Region	Type of request (check only one) <input type="checkbox"/> establishment <input type="checkbox"/> extension <input type="checkbox"/> abolition		
Major programme / Area of Work		Specific programme		
Title of Post	Proposed Grade	Effective date	Post No. (if applicable)	Allotment No.
Post Establishment/Extension: Enter proposed type and duration of		Present end date of post	Cross-reference	
<input type="checkbox"/> Post of <i>indefinite</i> duration	<input type="checkbox"/> Post of <i>limited duration</i> , for a period of Starting (select one): <input type="checkbox"/> from date of incumbency <input type="checkbox"/> on the fixed date of	(for posts of limited duration)		

**Background, justification and funding.** Attach WHO 81 and other documents (i.e., post description, organigram, expected results in area of work, etc. in the case of post establishment. WHO Manual III.3.60 refers)

<p>-----  Department Director</p>	<p>-----  DRD or DPM for Technical area  DAF for A&amp;F area</p>	<p>-----  Regional Director</p>
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	DATE	REVIEW COMMENTS ( <i>attach additional pages, if necessary</i> ) as per Manual III.3
MSU Manager or Regional Focal-point		
BUI		