

Ministry of Education, Heritage and Arts

Placement Request Form

This form is to be completed and forwarded to establishment.meha@govnet.gov.fj. All information provided should be accurate and detailed for efficient processing. **For any predetermined leave or exit, this form should be submitted six (6) weeks in advance with relevant supporting documents. Incomplete forms will not be accepted.**

1. School/Unit Details:			
School/Unit Name:			
School/Unit Code:			
District:			
2. Position Details:			
Position Title:	<input type="checkbox"/> Primary Teacher	<input type="checkbox"/> ECE Teacher	
	<input type="checkbox"/> Special & Inclusive Education	<input type="checkbox"/> Vocational Teacher	
	<input type="checkbox"/> Secondary Teacher		
	<input type="checkbox"/> Other Roles. Please specify: _____		
3. For Secondary/TVET			
Subject areas required	1. _____	2. _____	
Department: _____			
Provide Department & Teacher Loading for all Teachers/Officers in the school according to the Template in Section 9 .			
4. For Primary/ECE			
Total No. of teaching classrooms		Total Student Enrolment	Total No. of Teachers available after the vacancy
Provide Teacher Loading for all Teachers/Officers in the school according to the Template in Section 9 .			
5. Quarters Details			
(For Schools only) Quarters available: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Shared Male Quarters	<input type="checkbox"/> Shared Female Quarters	
	<input type="checkbox"/> Single Male / Female Quarters	<input type="checkbox"/> Couple Quarters	
	<input type="checkbox"/> Other Accommodation (Please Specify): _____		
6. Previous Appointee Details			
TPF Number: _____			
Name of previous occupant: _____			

Reason for vacancy?

- | | |
|---|---|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Deemed Resignation | <input type="checkbox"/> Summary Dismal |
| <input type="checkbox"/> Transferred / Promoted | <input type="checkbox"/> LWOP |
| <input type="checkbox"/> Suspension | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Contract Expiry | <input type="checkbox"/> Additional Teacher Request |
| <input type="checkbox"/> Maternity Leave | |
| <input type="checkbox"/> Other Leaves (please specify): _____ | |

Leave Dates: From..... To.....

Medical Certificate Attached: Yes
 No (provide reasons) _____

7. Requested by Head of School/Department Head

Any other specific requirements that may need to be considered when providing replacement.

Name:	Sign:	Date:
Position:	Email:	Phone:

8. To be completed by Human Resource Department

Date received at HR Office: ___/___/___

Assessment of the request:

9. Teacher Loading

School Name: _____

School Code: _____

Minutes per Period: _____

Fill in the table with information of all teachers in school.

No. / Department	TEACHER NAME	TPF	YEAR / CLASS	SUBJECT	NO. OF STUDENTS	NO. OF PERIODS (Secondary School)
Eg.1 / Social Science	Fredrick Ruru	11111	13/02	History	10	5
	Total					
2						
	Total					
3						
	Total					
4						
	Total					
	GRAND TOTAL					