

REPUBLIC OF KENYA




TEACHERS SERVICE COMMISSION

APPLICATION FOR TRANSFER

(To be completed in TRIPLICATE by a teacher applying for inter-County/Intra-County transfer .
Complete one copy only for transfer within Sub-County.)

1. Full name
(BLOCK CAPITALS, SURNAME FIRST)
2. TSC No.Mobile No.....Email
3. Teaching Subjects
4. Job Group
5. Current Station
- Sub-County County
- Length of stay at the present school
- Length of stay in the same Sub-County
6. Present assignment
7. Institution to which transfer is requested for.....
 Sub-County..... County
8. When is transfer required.....
9. Reason for transfer
-
-
- Name.....
- Signature
- Date
10. Head of institution's recommendation
-
-

Official Stamp


Name
 TSC No.
 Signature
 Date

11. Recommendation by TSC County Director/Staffing Officer for transfer outside the County/Sub-County:

.....

Name.....
 TSC No.....
 Designation.....
 Signature.....
 Date

12. Decision by the TSC-CD
 (For internal transfers within County/Sub-County)

(a) Approved Fromschool to
School with effect from

(b) Not Approved
 Official Stamp



Name
 Signature of TSC-CD/DSO
 TSC No.
 Date

NOTES FOR APPLICANTS

1. All relevant sections of this form must be completed in full.
2. Applications should be completed in **TRIPLICATE**. Two (2) of these copies should be forwarded to the County Director/Staffing Officer through the head of the institution for recommendation, and distribution as follows:
 - (i) Original to the Teachers Service Commission.
 - (ii) Copy to TSC County Director/Staffing Officer.
3. No teacher shall move from one station to another before he/she receives a letter of transfer from the Commission/TSC County Director/Staffing Officer.
4. A teacher’s transfer request may not be considered until he/she has served in a station he/she is assigned to teach for a period not less than five years, except under conditions specified in regulation 27 (2) of the Code of Regulations for Teachers.

