

**TEMPLATE FOR SUBMISSION OF MONTHLY STAFF RETURNS**

S/N	EMPLOYEE NAME	GENDER	NRC NO.	EMPLOYEE NO.	POSITION	SALARY SCALE	DEPT	CURRENT STATION	EMPLOYEE'S AVAILABILITY (note 1)	QUALIFICATIONS	LENGTH OF SERVICE	LENGTH OF STAY AT CURRENT STATION

**SUMMARY OF SUBMISSION**

<b>APPROVED ESTABLISHMENT</b>	
<b>FILLED POSITIONS</b>	
<b>UNFILLED POSITIONS</b>	
<b>STAFF AT STATION</b>	
<b>STAFF NOT AT STATION</b>	

NOTE1: State *available* if employee was at station or *not available* including reason for not being available (e.g secondment, sick, vacation leave,local leave, study leave, suspension etc) during the month under review