

RETURN OF EXERCISE OF DELEGATED POWERS FOR THE PERIOD

.....TO.....

CENTRAL ADMINISTRATIVE SERVICES TOBAGO / TOBAGO HOUSE OF ASSEMBLY

CONFIRMATION OF APPOINTMENTS

Name of Officer Date of Appointment/ Promotion	Original Medical Certificate forwarded to DPA	Probationary Period served	First Report Forwarded to DPA	Interim Report Forwarded to DPA	Final Report	Remarks

Approved.....
Permanent Secretary, Office of the Prime Minister (CAST)/Chief Administrator, Tobago House of Assembly

Date.....