

RETURN OF EXERCISE OF DELEGATED POWERS FOR THE PERIOD

..... TO.....

CENTRAL ADMINISTRATIVE SERVICES TOBAGO / TOBAGO HOUSE OF ASSEMBLY.....

TRANSFER

Name of Officer/Office/Range/Division	Division to which Transferred	Vacancy	Effective date of Transfer	Reason for Transfer	Current assessment of Job Performance and Conduct	Remarks

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

Date.....