PUBLIC SERVICE OF PAPUA NEW GUINEA

ORGANIZATION PROPOSAL REPORT

TO: (*Insert address to Head of Agency)* **Agency Ref:** _____

Agency: *(Name of Department/Prov. Admin/ Public Hospital/Govt Funded Agency)*	**Division:** *(Name of Division where position(s) are located)*	**Branch:** *(Name of Branch where position(s) are located)*

1. Establishment variations as set out below are recommended for approval in terms of Section 32 of the Public Service (Management) Act, 1995.

2. The following support documents are attached:-
   OD Sequence Nos: 1 to .....

   ..... Existing Organization Chart ☐
   ..... Establishment Comparison Table ☐
   ..... Job Descriptions ☐
   Proposed Organization Chart ☐
   Functional Statements ☐

3. Are positions included in the Staff Ceiling? Y ☐ N ☐
4. Are funds available at present? Y ☐ N ☐

Seq. No.	**Variation Proposed**	**Remarks**
(Insert No.)	*(Indicate the position changes from current to proposed)*	*(The HR Manager makes remarks)*

COSTINGS

Existing	***Proposed***	***Variance***

Name of recommending Agency HR Manager _____ **Signature:** _____ **Date:** _____
(Section 41 Delegate/Instrument No. _____)

VARIATIONS AS RECOMMENDED ABOVE ARE APPROVED ☐ ***NOT APPROVED*** ☐

Signature of Agency Head: ..... **Date:** .....