



## education

Department:  
Education  
North West Provincial Government  
REPUBLIC OF SOUTH AFRICA

HRM&D Chief Directorate:  
No.: 3105, Albert Luthuli Drive  
Old Mmabatho High School Hostel  
Block C, First Floor, Office No.: C29  
Private Bag X2044, Mmabatho 2735  
Tel.: (018) 388-4087  
email: gjoseph@nwpg.gov.za

### **DIRECTORATE: ORGANISATIONAL DEVELOPMENT AND HR PLANNING**

Enquiries: [NMonethi@nwpg.gov.za](mailto:NMonethi@nwpg.gov.za)/[NDithate@nwpg.gov.za](mailto:NDithate@nwpg.gov.za)

Tel: 0183883227/4087/3954

TO : SUPERINTENDENT GENERAL  
DDG'S  
CHIEF DIRECTORS  
DIRECTORS AND DISTRICT DIRECTORS  
CIRCUIT MANAGERS  
PRINCIPALS  
ALL DEPARTMENTAL EMPLOYEES

FROM : DIRECTORATE ORGANISATIONAL DEVELOPMENT & HR PLANNING

DATE : 19 AUGUST 2025

SUBJECT: **APPLICATION FOR TRANSFER OF OFFICE BASED EMPLOYEES AND SCHOOL  
BASED EMPLOYEES 2025- NWED/TF1 TRANSFER FORM: AWARENESS**

The above subject bears reference,

1. The Directorate: Organisational Development & HR Planning was tasked with reviewing the NWED/TF1 Transfer Form. As part of the process, Sub-Directorate Organisational Design and Job Evaluation conducted benchmarking with other provinces and undertook a thorough process analysis. This culminated in the development of a redesigned NWED/TF1 form.
2. The investigation revealed that various forms were being used to initiate the transfer process across the department. The redesigned NWED/TF1 form will now serve as a standardised tool for initiating transfers, applicable to both Public Service Appointees (PSA) and Employment of Educators Act (EEA) Appointees.
3. The updated form has been discussed and endorsed by Directorate: Human Resources and Administration.

#### Action Required:

**All units and institutions are hereby requested to immediately adopt and implement the attached updated NWED/TF1 form for all transfer-related processes.**

Hope you find this in order.

Mr G.M. Moseki  
Acting Director: OD&HR Planning

19/08/25  
Date



Let's Grow North West Together





**CHIEF DIRECTORATE:  
HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT SERVICES**

**APPLICATION FOR TRANSFER OF OFFICE BASED EMPLOYEES OR SCHOOL BASED EMPLOYEES [NWED/TF1]**

**1. PARTICULARS OF OFFICE BASED EMPLOYEES / SCHOOL BASED EMPLOYEES**

Surname: \_\_\_\_\_ Name(s): \_\_\_\_\_

Designation: \_\_\_\_\_ PERSAL Number: \_\_\_\_\_

Current Salary/Post Level: \_\_\_\_\_

Office/School: \_\_\_\_\_

**2. PARTICULARS OF TRANSFER**

Office/School to be transferred to: \_\_\_\_\_

Post to be transferred to: \_\_\_\_\_

Reason/Motivation for transfer: \_\_\_\_\_

Signature of Office Based/School Based Employee \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**3. RECOMMENDATION BY HEAD OFFICE/DISTRICT OFFICE/SCHOOL (RELEASING) (CIRCLE THE APPROPRIATE CHOICE)**

Transfer Recommended/Not Recommended (Component Manager: Head Office/School): (if applicable)

Official: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer Recommended/Not Recommended:

Official: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature Circuit Manager (if applicable): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer Recommended/Not Recommended:

Official: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature: Circuit Coordinator/District CES (if applicable): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer Recommended/Not Recommended:

Official: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature District Deputy Director Responsible (if applicable): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer Recommended/Not Recommended:

Official: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature Head Office Director /District Director: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer Recommended/Not Recommended:

Official: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature Head Office Chief Director/ District Coordination Chief Director: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**4. RECOMMENDATION BY HEAD OFFICE/DISTRICT OFFICE/SCHOOL (RECEIVING) (CIRCLE THE APPROPRIATE CHOICE)**

Transfer Recommended/Not Recommended (Component Manager Head Office/School): (if applicable)

Official: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer Recommended/Not Recommended:

Official: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature Circuit Manager (if applicable): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer Recommended/Not Recommended:

Official: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature Circuit Coordinator/District CES (if applicable): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer Recommended/Not Recommended:

Official: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature District Deputy Director Responsible (if applicable): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer Recommended/Not Recommended

Official: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature Head Office Director/District Director: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer Recommended/Not Recommended

Official: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature Head Office Chief Director/ District Coordination Chief Director: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**5. CONFIRMATION BY DIRECTORATE: HUMAN RESOURCE (HR) ADMINISTRATION (CIRCLE THE APPROPRIATE CHOICE)**

Funded vacant post available/Not available

HR Official \_\_\_\_\_

Signature of Human Resource Official: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer Recommended/Not Recommended:

Director HR Administration: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer Recommended/Not Recommended

Chief Director HRM&D \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer Recommended/Not Recommended:

Deputy Director-General: Corporate Management Services: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**6. APPROVAL BY THE HEAD OF DEPARTMENT [HOD] / DELEGATE CIRCLE THE APPROPRIATE CHOICE**

Transfer approved/Not approved:

HOD/Delegate: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature of HOD/Delegate: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

