



VACANCY APPROVAL FORM

Name of Department:

Title or Position:

Date of Requisition:

Internal Availability (Yes / No)

No of Positions to be filled:

Addition or Replacement:

Age Limit:

Grade Range:

Salary Range:

Criteria for Eligibility:

Qualification Range (Min - Max):

For experienced (Please cross out section if not applicable)

Total Experience Range (in years):

Specific experience range in terms of:

Years:

Company preference:

Sector (FMCG/Oil & gas/B2B, any other):

For Fresh (Please cross out section if not applicable)

University:

Any Specific Comments:

Divisional Head Signature
Date:

Approved by HOP/CFO/BUM-CPD/Eng/MD (Relevant Div. Head)
Date:



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|-------------------------|--------------------|-----------------------|---------------------------------------|--------------|-----------------|
| PACKAGES LIMITED | | | Document Type: JOB DESCRIPTION | | |
| | | | Title: | | |
| Written by | Approved by | Page 1 (02) | Rev -2 | Dated | Doc. No. |

1. **JOB IDENTIFICATION**

- 1.1. POSITION:
- 1.2. LOCATION:

2. **KEY ORGANIZATIONAL RELATIONSHIP**

- 2.2. ACCOUNTABLE TO:

3. **BASIC FUNCTION**

4. **DUTIES AND RESPONSIBILITIES (Minimum of 5)**

- 4.1.
- 4.2.
- 4.3
- 4.4.
- 4.5.

5. **Qualification Guides**

- 5.1 Education
- 5.2 Skills

6. **Competencies**