

YOUR ADDRESS

DATE

THE DIRECTOR GENERAL -HQ,
GHANA EDUCATION SERVICE,
P.O.BOX 45MB,
ACCRA.

THRO'
THE REGIONAL DIRECTOR,
GHANA EDUCATION SERVICE
ENTER YOUR REGION
TOWN

THRO'
THE DIRECTOR
ENTER YOUR DISTRICT NAME
TOWN

APPLICATION FOR A TRANSFER

NAME:

STAFF ID:

RANK:

REGD. NUMBER / NTC NUMBER

CONTACT:

I humbly write for a release from ENTER DISTRICT AND REGION . I am a teacher at ENTER SCHOOL NAME who have been in the Municipal ENTER HOW LONG YOU'VE SERVED HERE

The transfer has been necessitated due to my ill-health and as such need regular medical attention and care. ENTER ACCURATE REASON

I would therefore be more grateful if my application is considered to enable me receive regular medical care from my doctor in the aforementioned municipal.

Attached are my assurance letter, and other relevant documents for your perusal.

Counting on your good offices for a favourable response.

Thank you.

Yours Faithfully

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[ENTER YOUR NAME] (NUMBER)