



## REPUBLIC OF KENYA

(3<sup>rd</sup> Edition, April 2018)

**THE PRESIDENCY  
MINISTRY OF PUBLIC SERVICE, YOUTH AND GENDER AFFAIRS  
STATE DEPARTMENT OF PUBLIC SERVICE AND YOUTH**

DIRECTORATE OF PUBLIC SERVICE MANAGEMENT  
P.O. BOX 30050 – 00100  
**NAIROBI**

**APPLICATION FOR RESTORATION / RE-ACTIVATION OF PAYROLL NUMBER**

*(This form can be printed, double-sided, from the payroll system)*  
*Note: All applications must be accompanied by a covering letter from the requesting MCDA.*

This form applies to a **former Public Servant** whose Payroll Number was previously deleted from Government Payroll and **wishes to re-enter the Public Service** on account of re-appointment or reinstatement.

1. **Application Date:** \_\_\_\_\_
2. **Applying** Ministry/ County/ Dept/Agency: \_\_\_\_\_
3. Employee / Employment Details (**At the Time of Exit**); attach all supporting documents:

Payroll Number( <b>to restore</b> ):	<i>Last Pay Certificate</i>
ID Number:	<i>National ID-Card</i>
Tax PIN:	<i>KRA Tax-PIN Card</i>
Surname:	} <i>All the attached documents should agree on these details</i>
First Name:	
Other Names:	
Date of Birth:	
Gender:	
Ministry/Dept/County/Agency:	
Designation Title:	
Job-Group:	
Type of Engagement:	<i>Clearance Certificate &amp; Last Pay Certificate</i>
Pension Scheme:	
<b>Date of Exit</b> from Service:	
<b>Reason for Exit</b> from Service:	
Date of Last Payment:	<i>Last Pay Certificate</i>

4. Current Appointment Details (**Upon Re-entry**); attach supporting documents:

Ministry /County /Dept /Agency: \_\_\_\_\_

**Date of Re-entry:** \_\_\_\_\_

**Reason for Re-entry:** \_\_\_\_\_

Pay-Group: \_\_\_\_\_

Designation Title: \_\_\_\_\_

Job-Group: \_\_\_\_\_

Type of Engagement: \_\_\_\_\_

Pension Scheme: \_\_\_\_\_

*The new appointment/reinstatement letter (not letter of offer)*

**Request Authorized By Head of HR**

**Application Prepared By Head of Payroll**

Full Name: \_\_\_\_\_

PF/Number: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICIAL USE BY **DIRECTORATE OF PUBLIC SERVICE MANAGEMENT ONLY**

	PF/Number	Full Name	Designation	Date	Signature
Received:	_____	_____	_____	_____	_____
Examined:	_____	_____	_____	_____	_____

Examined: \_\_\_\_\_

**Remarks**

Approved / Not Approved: \_\_\_\_\_

**Remarks**

**Telegraphic address: "Personnel", Nairobi**  
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**Telex: 23125**  
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