LGMIS Form Zero		* Means Mandatory
Employee Number		
Former File Number		
NRC		123456/12/1 *
Title	Mr., Mrs., Miss, Ms, Dr, Prof, Gen, Lt, Hon	*
Surname		*
First Name		*
Middle Name		
Sex	Male, Female	*
Staff Photo (Passport Size)		
Marital Status	Single, Married, Divorced, Separated, Widowed, Unknown	*
Maiden Name		
Date Of Birth		DD/MM/YYYY *
Medical Condition	Accident related, Cancer, Stroke, Hypertesion, Diabetes, Gynecologic condition	
Other Medical Conditions		
Physical Challenge	Amputee, Epilepsy, Speech disorder, Hearing disorder, Visual disorder, Spine disorder	
Postal Address		
Physical Address		
Town Or Village		
Telephone		
Mobile		
Fax		
Email		
Number Of Biological Children		
Number Of Other Dependants		
Bank Account No		*13 Digits*
Payment Method	Cash, Check, DDACC, Bank Transfer, Mobile Money, Bank card	
Bank		
Bank Branch		
TPIN		
Social Security No (NAPSA)		
NHIMA number		
Pension Number		
Next Of Kin Mobile		
Next Of Kin Email		
Spouse Name		
Spouse NRC		
Spouse Mobile		
Spouse Email		
Spouse Residential Address		
Additional Information		

EMPLOYMENT DETAILS

Employee Number	LEAVE THIS BLANK	
Province		
Local Authority		*
Department		*
Section		*
Substantive Position		*
Date of First Appointment		DD/MM/YYYY *
Date Of Confirmation		DD/MM/YYYY
Date Appointed To Current Position		DD/MM/YYYY *
Acting with a view Position		
Last Appraisal Date		DD/MM/YYYY
Appraisal Status		
Date Of Contract End		DD/MM/YYYY
Employment Type	On Probation, Permanent & Pensionable, On Contract, Temporary	*
Employment Status	Currently Employed, Separated, On Suspension, Transferred Out	*
Salary Scale		
Salary Notch		
Basic Monthly Salary		
Third Parties	ZRA, NAPSA, NHIMA, LASF	*

Academic Qualification (attach certificate)	Institution	From Date	To date

Professional Qualification (attach certificate)	Institution	From Date	To date

CHILDREN

First Name	Surname	Date of birth	Sex	RelationShip

Professional Bodies

Pofessional Body	Membership No	Date Joined	Date Renewed	Status (Active)

Work History and Expeience

Local Authority or Employer	Position held	From date	To date	Reason for leaving

Training Record

Field of Training	Training Type (Workshop, Formal Education)	From date	To date	Qualification Obtained

Leave Record

Leave Type (Annual, Vacation, Local, Study, Unpaid)	Effective date	Opening Balance	Leave accrued	Leave taken	Leave commuted