



NEA 2 (A)

NATIONAL EMPLOYMENT AUTHORITY OFFICE

REGION.....

COUNTY.....

SUB-COUNTY.....

NOTIFICATION /ABOLITION OF VACANCY

Employer's Name		Date	No. of Vacancies
Address	Tel. No.		Email
Work Place		Report To:	
Occupation	Code	Nature of Work	
Minimum Qualification Required		Working Hours	
		Housing	Allowance (Amt.)
Salary (Ksh.)		Rate of Pay (Ksh.)	
Terms of Work	Permanent	Contract	Casual
Vacancy	Filled	Abolished	
Remarks			