SELISTAR MANAGEMENT SERVICES

PART-TIME COACH REQUISITION FORM

(To be completed by County Business Lead)

A. REQUEST DETAILS

County: _____
Sub-County/Location: _____
Date of Request: ____ / ____ / _____

Requested By: _____
Position: County Business Lead
Department/Project: _____

B. POSITION DETAILS

Position Title: Part-Time Business Coach

Number of Coaches Required: _____

Proposed Engagement Period:
Start Date: ____ / ____ / _____
End Date: ____ / ____ / _____

Work Arrangement:
☐ Field-Based
☐ Office-Based
☐ Hybrid

Reporting To: _____

C. LIST OF PROPOSED COACHES

(Complete if specific candidates have been identified)

No.	Full Name	Phone Number	Email Address	Sub-County Assigned
1				
2				

3

4

5

6

D. JUSTIFICATION FOR REQUEST

☐ Increased workload
☐ New project activities
☐ Staff shortage
☐ Specialized skills requirement
☐ Temporary assignment
☐ Other (Specify): _____

Provide a brief explanation for this request:

E. ROLES & RESPONSIBILITIES

Briefly outline the key duties of the Part-Time Coach:

1.

2.

3.

4.

F. QUALIFICATIONS & EXPERIENCE REQUIRED

Minimum Education Level: _____
Required Certifications (if any): _____
Required Years of Experience: _____

Special Skills/Competencies:

G. BUDGET CONFIRMATION

Budget Line Available: ☐ Yes ☐ No
If Yes, Specify Budget Code: _____

Estimated Monthly Cost per Coach (KES): _____
Total Estimated Cost (KES): _____

Finance Officer Confirmation (if applicable):
Name: _____ Signature: _____ Date: _____

H. RECRUITMENT TIMELINE

Preferred Start Date: ____ / ____ / _____
Urgency Level: ☐ High ☐ Medium ☐ Low

I. APPROVALS

1. County Business Lead (Requestor)

Name: _____
Signature: _____
Date: ____ / ____ / _____

2. Regional Manager Approval

☐ Approved
☐ Not Approved

Comments:

_____

_____

Name: _____
Signature: _____
Date: ____ / ____ / _____

_____

3. Project Manager Approval

☐ Approved
☐ Not Approved

Comments:

_____

_____

Name: _____
Signature: _____
Date: ____ / ____ / _____

_____

4. Human Resources Approval

☐ Approved
☐ Not Approved

Comments:

_____

_____

Name: _____
Signature: _____
Date: ____ / ____ / _____

5. COO / Managing Director Final Approval

☐ Approved
☐ Not Approved

Comments:

_____

_____

Name: _____
Signature: _____
Date: ____ / ____ / _____