

S.L.T.E.S. A.T. – Form No. 01

Application for the Annual Transfers of the Sri Lanka Teacher Educators' Service-2026

Designation and Class		For office Use	
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A. Personal Information

1. Officer's Name in Full :
2. Name with Initials :
3. Name with Initials :
(In English)
4. Date of Birth :
5. Age (As at 01.01.2026) : Year Months Days
6. National identity Card No. :
7. Sex :
8. Permanent Address :
9. Temporary Address :
10. Personal Telephone Number:
11. Civil Status:
12. If married,
 - 12.1 Name of the Spouse:
 - 12.2 Occupation and the Place of Work:
 - 12.3 Particulars regarding children

Serial No.	Age	School and Grade

B. Information of the service

13. Current Place of Work :
14. Address of the Place of Work:
15. Official Telephone No. :
16. Current Designation :
17. Number and Date of the Appointment Letter:

18. Subject and Medium of the Appointment:
19. Have you been confirmed in the service?:
20. Province where the place of work is situated:
21. Date of reporting to the current place of work:
22. Period of service at the current place of work: Years Months Days
- (As at 31.12.2025)

23. Previous Places of work

Serial No.	Place of work	From	To	Duration	
				Years	Months

24. Medium of the Appointment:
25. Subject field as per the Letter of Appointment:
26. Subject field you are currently responsible for:.....

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.....

C. Information pertaining to requesting Annual Transfers

27. How long have you been serving in the current place of work before requesting this transfer?
:

28. Reasons for requesting a transfer:

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(If the request is made on the medical grounds, it should be substantiated with the medical reports.)

29. Special reasons, if any:

30. Service stations to which the transfer is requested:

1.
2.
3.
4.
5.

31. I certify that the above information is true and correct.

Date:

.....

Signature of the applicant

D. Recommendation of the President of the College of Education / Zonal Director of Education

The request for the transfer of the above-named officer is recommended with a successor /without a successor / on the basis of providing a successor later

.....

Date

.....

Signature
Official Stamp

E. Recommendation of the Chief Commissioner of the Teacher Education or recommendation of the Director of Education (Teacher Education Administration) of Teachers' Training Colleges / Teachers' Centres.

The request for the transfer of the above-named officer is recommended with a successor /without a successor / on the basis of providing a successor later

.....

Date

.....

Signature
Official Stamp

Appeals on Annual Transfers of the Sri Lanka Teacher Educators' Service - Form No. 02
Application for Appeals on Annual Transfers 2026

(a) Application should be filled by the officer.

01. The Officer's

- 1.1. Name with initials:.....
- 1.2 Post and Grade :-
- 1.3 Date of first appointment in the Sri Lanka Teacher Educators' Service
- 1.4 Date of assuming duties according to the said date of appointment.....
- 1.5 Subject and Medium of appointment:
- 1.6 Residence Address:-.....
- 1.7 Date of Birth:-

02. The Officer's

- 2.1 Current place of work:-
- 2.2. Date of reporting for duty of the said place of work: -
- 2.3 Particulars on the service stations and periods from the date of first appointment

Serial No.	Period of service		Service station
	From	To	
01			
02			
03			
04			

03. Particulars on Transfers

- 3.1. Service station to which the officer has been transferred: -.....
- 3.2. Service station requested by the appeal: -.....
- 3.3. Reasons for making an appeal: -.....
-
-

Date

.....

Signature of the officer

(b) Recommendation of the President of the College of Education/ Zonal Director of Education

The appeal submitted in relation to the transfer of the above-named officer is recommended/ not recommended.

.....

Date

.....

Signature
Official Stamp

(c) Recommendation of the Chief Commissioner of the Teacher Education or recommendation of the Director of Education (Teacher Education Administration) of Teachers' Training Colleges / Teachers' Centers.

The appeal submitted in relation to the transfer of the above-named officer is recommended/ not recommended.

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Date

.....

Signature
Official Frank

Appeals pertaining to the Annual Transfers of the S.L.T.E.S. - Form No. 03

Submission of appeals to Public Service Commission in relation to the Annual Transfer Decisions 2026 - Information of the Appellant

a. Personal information

01. Name with initials :-			
02. Post and Grade			
03. Birthday :-	04. Age :- (As at 01.01.2026)	05. National Identity Card No. :-	06. Sex :-
07. Permanent Address :-	08. Temporary Address :-	09. Telephone Number Official :- Private :-	
10. Civil Status	11. Name of the spouse :-	12. Occupation and the place of work of the spouse :-	
13. Number of children :-	14. Their ages :-	15. Schools attending :-	

b. Particulars on the service

16. Date of appointment to the current post :-					
17. Current service station :-			18. City that the service station is situated :-		
19. Date of reporting for duty at the current service station:-			20. Period of service in the current service station :- (As at 31.12.2025) Years..... Months..... Days.....		
21. Have you served in a popular service station/s that you received benefits					
22. Previous service stations in the public service	Service station		Popular service station / Not a popular service station	Period of service	
	1			From	To
	2				
	3				
	4				
	5				
	6				

c. Information on requesting transfers (Mark ✓ in the relevant cage)

23	Have you applied for annual transfers?	Yes		If applied for transfers, service stations applied for 1. 2. 3.
		No		
Mention the Service station to which you have been transferred				

24. Have you applied for the committee for reviewing transfers	Yes	
	No	

25. Information on the request made to the Review Committee

Cancellation of transfers		If applied for the revision of the transfer, service stations applied for 01 02 03
Revision of a transfer		
For obtaining a new transfer		

26. Decision of the Committee for reviewing transfers

27. Whether an appeal to the Public Services Commission has been made against the decision of the committee for reviewing transfers? Yes/No

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28. Reasons for an appeal to the Public Services Commission has been made against the decision of the committee for reviewing transfers? .

Annex (01)

Annex (02)

Annex (03)

30. Reliefs sought

1.

2.

3.

I certify that the abovementioned information is true and accurate

.....

.....

Date

Signature

c. Recommendations of the Head of the Ministry/ Department

I hereby certify that the above particulars submitted by the officer are accurate in accordance with his/ her personal file. I recommend the appeal made to the Public Service Commission with regard to the Annual Transfers 2022. I do not recommend it due to the reasons below.

- I.
- II.
- III.

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Date

.....

Signature

d. Recommendations of the Transfer Authority

I. Number of officers who are involved in the transfer circle:

II. Recommendation on the appeal:

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Date

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Signature

Appeals on the Transfers of the Officers in the S.L.T.E.S. – Form No. 04

Submission of Appeals to the Public Service Commission pertaining to the Annual Transfer Decisions 2026 – Information regarding the Successor

- I. Name and Designation of the appellant:
- II. Information regarding the Successor in relation to the Appellant:

a. Personal information

01. Name with Initials: -			
02. Designation and Grade: -			
03. Date of Birth: -	04. Age: - (As at 01.01.2026)	05. National Identity Card No: -	06. Sex: -
07. Permanent Address: -	08. Temporary Address: -	09. Telephone No: - Office: - Private: -	
10. Civil Status	11. Name of the Spouse: -	12. Occupation and the Place of Work of the Spouse:-	
13. No. of Children: -	14. Their Ages: -	15. Their Schools: -	

b. Information of the Service

16. Date of Appointing to the Post: -					
17. Current Place of work: -			18. City where the Place of work is located: -		
19. Date of reporting for duty at the current Place of Work: -			20. Period of Service at the Current Place of Work (As at 31.12.2025) Years.....Months.....Days.....		
21. Have you served in a popular service station/s that you received benefits					
22. Previous places of Work in the Public Service	Place of Work		Popular Place of Work / Not a Popular Place of Work	Period of Service	
	1			From	To
	2				
	3				
	4				
	5				
	6				

c. Information pertaining to the request for transfers (Put ✓ mark in the relevant cage.)

23	Whether applied for an Annual transfer	Yes		If you have requested for a revision of the transfer, the places of work thus applied. 1. 2. 3.
		No		
The Place of Work, if you have been transferred				

24. Whether appeal is forwarded to the Committee for Reviewing Annual Transfers	Yes	
	No	

25. Request made to the Committee for Reviewing Annual transfer

Cancellation of the Transfer		Places of Work to which the transfer should be revised/ a new transfer should be given 01 02 03
Revision		
Obtaining a new transfer		

26. Decision of the Committee for Reviewing Annual transfers

27. Whether an appeal has been submitted to the Public Service Commission.

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28. Recommendations of the Secretary of the Ministry of Education pertaining to the implementation of the transfer cycle without causing prejudice to the successor if the request of the appellant is fulfilled.

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I do declare that all the particulars mentioned above are true and accurate.

Date

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Signature