



# APPOINTMENT FORM FOR TEMPORARY AND FIXED TERM APPOINTMENTS

- This application is valid only for the period applied for and must be signed by the responsible signatories.
- Please complete all information in full or the appointment cannot be finalised.
- Demographical information is for statistical reporting only.
- All information submitted is treated confidentially.
- Online appointments must be submitted before payroll closure date.
- Refer to the [Policy on temporary and Fixed term Appointments](#)


NEW EMPLOYEE	Yes	<input checked="" type="checkbox"/>	No		EMPLOYEE NUMBER									
EMPLOYED AT UJ	Yes	<input checked="" type="checkbox"/>	No		If "Yes", please indicate Department or Division									
APPOINTED AS	RESEARCH ASSISTANT													
PERSONAL PARTICULARS OF EMPLOYEE														
SURNAME	Mkhize								TITLE	Miss				
FIRST NAMES	Zoleka Spheisihle													
IDENTITY/PASSPORT NUMBER	9	3	1		0	1	3	1	1	1	9	0	8	7
DATE OF BIRTH	13/10/1993				WORK VISA NUMBER									
GENDER	Male		Female	<input checked="" type="checkbox"/>	MARITAL STATUS	Single	<input checked="" type="checkbox"/>	Married		Divorced		Widowed		
ARE YOU A SOUTH AFRICAN CITIZEN?	Yes	<input checked="" type="checkbox"/>	No		If "No," specify the NATIONALITY									
EMPLOYED OUTSIDE UJ	Yes		No	<input checked="" type="checkbox"/>	HOME LANGUAGE	ZULU								
INCOME TAX NUMBER (SA)	3622833170													
CONFIRM CARE OF INTERMEDIARY	YES (E.g., Mother, Father, grandparent etc.)				Mother				NO e.g., If no, indicate none					
HOME ADDRESS	19 2 <sup>nd</sup> Ave Bezuidenhout valley				POSTAL ADDRESS (If different to the Home Address)				Same as Home Address					
	POSTAL CODE	2094				POSTAL CODE	2094							
TELEPHONE NUMBERS, (Including code)	HOME TEL					CELL/MOBILE PHONE	0720679397							
EMAIL ADDRESS	Zolekam1013@gmail.com				WORK TEL									
DISABILITY <sup>1</sup>	Yes		No	<input checked="" type="checkbox"/>	IF "YES", STATE NATURE									
The University recognises that People with Disabilities are people with abilities capable of and eligible for a wide range of positions and occupations just as their abled colleagues.														
Disclosed information will be treated as private and confidential. It will be used, if deemed necessary, to assess the ability to perform, to reasonably accommodate the employee, to enhance their working conditions/environment to ensure efficient functioning, as well as for legal compliance purposes.														
RACE <sup>2</sup>	African	<input checked="" type="checkbox"/>	Colored		Indian		White		Chinese					

<sup>1</sup> Disability is defined in the Employment Equity Act as long term or recurring physical or mental impairment which substantially limits the prospects of an individual of entering into, or advancement in, employment.

<sup>2</sup> For the purposes of conducting an analysis on the workforce profile, and to ascertain which of the existing contractors are from designated groups in terms of the Employment Equity Act.

QUALIFICATION (ONLY PROVIDE HIGHEST COMPLETED QUALIFICATION)									
NAME OF INSTITUTION	UNIVERSITY OF KWAZULU-NATAL				QUALIFICATION		Bachelor of Science		
AWARDED DATE	12 <sup>th</sup> May 2023		STATUS		PASSED			COMPLETED	X
BANKING DETAILS (NOT OLDER THAN 3 MONTHS)									
STATUS	CHANGED	NO		YES	X				
ACCOUNT HOLDER'S NAME	Mkhize Zoleka Sphesihle								
BANK NAME	Standard Bank								
BRANCH NAME	Universal Branch				BRANCH CODE (South African banks use universal codes)		A399		
ACCOUNT NUMBER	10100379417								
TYPE OF ACCOUNT	SAVINGS		X	CHEQUE	CURRENT		OWN		JOINT
TEMPORARY APPOINTMENT DETAILS (Section to be completed)									
EMPLOYMENT GROUP	ACADEMIC				X	SUPPORT			
APPOINTED AS (Please specify)	Research Assistant								
APPOINTMENT CATEGORY (Refer to Tariff List) e.g., P11, P13									
DURATION OF APPOINTMENT	START DATE		(01/02/2025)			END DATE		(31/03/2025)	
REASON FOR TEMPORARY EMPLOYMENT									
	Temporary replacement of permanent employee on leave or secondment								
	Temporary stand-in for vacant permanent position, to be filled								
	Temporary increase in volume of work, less than 12 months								
	Seasonal increase in volume of work, less than 12 months e.g. peak periods, graduation, admissions								
	Student or recent graduate on academic apprenticeship/internship/learnership								
	Position funded by external (non UJ) funds for limited time								
	Post-retirement appointment (person beyond retirement age)								
	Duration of work-permit for a non-citizen employee								
	Services will not exceed 3 months								
	Specific project for limited time and clear deliverable								
	Other (Please specify)								
<b>MOTIVATION</b> (For vacancies from the UJ central budget, clarify the reason if post is vacant for more than 3-months)									

<b>RATE</b>	<b>PER MONTH</b>	R7000	<b>PER HOUR</b>	
<b>OTHER: PLEASE SPECIFY IF REMUNERATION IS MADE FROM ANY OTHER DEPARTMENT OR DIVISION</b> (Refer to Tariff List e.g., per page, per session)				
<b>TOTAL UNIT</b>		<b>ACTUAL HOURS</b> (Please indicate the numbers of hours worked for the full duration of the contract)		
<b>FULL COST CENTRE STRING</b>				<b>Perm Post</b>
<b>TOTAL BUDGET FOR THIS APPOINTMENT</b>	R7000			
<b>INDICATE ANY CURRENT AND/OR POTENTIAL CONFLICT(S) OF INTEREST</b>				
<p>The parties below acknowledge and confirm that the information above is correct; sufficient budget has been provided for and the reason for the temporary appointment is justifiable.</p> <p>By signing this form, the employee accepts the appointment on the terms and conditions as set out herein, as well as all other terms and conditions that are available upon request. The employee accepts the reason set out hereinabove, and its validity, for the fixed duration of this appointment. The employee accepts that there is no expectation of further renewals. If at any time a conflict of interest arises, the employee is requested to immediately declare this as per the policy of the University of Johannesburg. The parties further acknowledge and agree that the contract of employment shall be of full force and effect only upon the signature of all the listed signatories.</p>				

<b>EMPLOYEE</b>		
Mkhize Zoleka Sphesihle		11/02/2025
<b>Full name and Surname</b> [Please print]	<b>Signature</b>	<b>Date</b>

<b>PRIMARY LINE MANAGER</b> (Final approver can be the Line Manager, Head of Department, Vice-Dean, Executive Dean, Executive Director or Senior Director)		
<b>Full name and Surname</b> [Please print]	<b>Signature</b>	<b>Date</b>

<b>HUMAN CAPITAL MANAGEMENT BUSINESS PARTNER</b> (I confirm that due process was followed as per the Temporary / Fixed Term Appointment Policy)		
<b>Full name and Surname</b> [Please print]	<b>Signature</b>	<b>Date</b>

**IF A SECONDARY LINE MANAGER APPOINTS A MEMBER OF STAFF IT IS REQUIRED FOR THE PRIMARY LINE MANAGER TO SIGN ACCEPTANCE THEREOF BEFORE THE APPOINTMENT WILL BE PROCESSED**

<b>SECONDARY LINE MANAGER</b> (Final approver can be the Line Manager, Head of Department, Vice-Dean, Executive Dean, Executive Director or Senior Director)		
<b>Full name and Surname</b> [Please print]	<b>Signature</b>	<b>Date</b>