APPOINTMENT FORM FOR

TEMPORARY AND FIXED TERM APPOINTMENTS

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| • | 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 th[e Policy on temporary and Fixed term Appointments](https://intranet.uj.ac.za/faculty/CorporateGovernance/Documents/Human%20Resources/Policy%20on%20temporary%20and%20Fixed%20term%20Appointments%20November%202018.pdf) |

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| NEW EMPLOYEE | | | Yes | | | | |  | No | | | |  | EMPLOYEE NUMBER | | | | | | | | | | | 720076196 | | | | | | | | | | | | | | | | | | |
| EMPLOYED AT THE UJ | | | Yes | | | | |  | No | | | |  | *If “Yes”, please indicate Faculty or Division* | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| APPOINTED AS | | | Research assistance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERSONAL PARTICULARS OF EMPLOYEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SURNAME | PUDINYANE | | | | | | | | | | | | | | | | | | | | | | | | | | | | TITLE | | | | | MR | | | | | | | | | |
| FIRST NAMES | SAMUEL TIISETSO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IDENTITY/PASSPORT NUMBER | 9 | | | 3 | | | | 0 | | | 2 | | | | 2 | | | 0 | | | 5 | | | | 2 | | | | | 6 | | | 7 | | | | 0 | | | 8 | 2 | | |
| DATE OF BIRTH | 1993/02/20 | | | | | | | | | WORK VISA NUMBER | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| GENDER | Male | | |  | | Female | | | |  | | | MARITAL STATUS | | | | | | | Single | |  | | Married | | | | | | |  | Divorced | | | | |  | | Widowed | | |  | |
| ARE YOU A SOUTH AFRICAN CITIZEN? | Yes | | |  | | No | | |  | | | If “No,” specify the NATIONALITY | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| INCOME TAX NUMBER | 0853627255 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONFIRM CARE OF INTERMEDIARY | YES  *(E.g., Mother, Father, grandparent etc.)* | | | | | | | | Father    TEBOHO PAULUS PUDINYANE | | | | | | | | | | | | | | | | | NO  *e.g., If no, indicate none* | | | | | | | |  | | | | | | | | | |
| HOME ADDRESS | 1295 w section Botshabelo | | | | | | | | | | | | | | | POSTAL ADDRESS  (If different to the  Home Address) | | | | | | | | | 9781 | | | | | | | | | | | | | | | | | | |
| TELEPHONE  NUMBERS, *(Including code)* | HOME | | | |  | | | | | | | | | | | | CELL/MOBILE PHONE | | | | | | | | | | 078 3850 329 / 067 000 1667 | | | | | | | | | | | | | | | | |
| EMAIL ADDRESS | pudinyanesamueltiisetso@gmail.com | | | | | | | | | | | | | | | ALTERNATE  EMAIL ADDRESS | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| DISABILITY[[1]](#footnote-1) | Yes | | |  | | No | | |  | IF “YES”, STATE NATURE  AND PROVIDE MEDICAL  PROOF | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| *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, so as to enhance their working conditions/environment to ensure efficient functioning, as well as for legal compliance purposes.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RACE[[2]](#footnote-2) | African | | | | | |  | | Coloured | | | | | | |  | | | Indian | | | | | |  | | | | White | | | | | |  | International | | | | |  | | |
| QUALIFICATION (ONLY PROVIDE HIGHEST QUALIFICATION) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF  INSTITUTION | Bahcesehir university | | | | | | | | | | | | | | | | | | | | | | QUALIFICATION | | | | | | | | | Software engineering | | | | | | | | | | | |
| AWARDED DATE | | 2021 | | | | | | | | | | | | STATUS | | | | | | PASSED | | | |  | | | | | COMPLETED | | | | | | |  | | IN  PROGRESS | | | | |  |

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| BANKING DETAILS | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |
| STATUS | | | | CHANGED | | | NO | | |  | | YES | |  | | IF YES, PLEASE COMPLETE THE BELOW | | | | | | | | | | | |  | |
| ACCOUNT HOLDER’S NAME | | | | SAMUEL TIISETSO PUDINYANE | | | | | | | | | | | | | | | | | | | | | | | |  | |
| BANK NAME | | | | CAPITEC | | | | | | | | | | | | | | | | | | | | | | | |  | |
| BRANCH NAME | | | | CAPITEC | | | | | | | | | | BRANCH CODE  *(South African banks use universal codes)* | | | | | | | | | | | | | 470010 |  | |
| ACCOUNT NUMBER | | | | 1838816427 | | | | | | | | | | | | | | | | | | | | | | | |  | |
| TYPE OF ACCOUNT | | | | SAVINGS | | | | | | | CHEQUE | | | | | CURRENT | | | | | | | | OWN | | | | JOINT | |
| IBAN NO *(International)* | | | |  | | | | | | | | | | | | SWIFT CODE  *(International)* | | | | | | |  | | | | |  | |
| BANK PHYSICAL  ADDRESS  *(Compulsory for foreign banking details)* | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |
| TEMPORARY APPOINTMENT DETAILS *(Section to be completed)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| EMPLOYMENT GROUP | | | | ACADEMIC | | | | | | | | | | | | |  | | | SUPPORT | | | | | | | |  |  |
| APPOINTED AS  *(Please specify)* | | | | RESEARCH ASSISTANT | | | | | | | | | | | | | | | | | | | | | | | |  | |
| APPOINTMENT  CATEGORY  *(Refer to Tariff List) e.g.,*  *P11, P13* | | | | P12 | | | | | | | | | | | | | | | | | | | | | | | |  | |
| DURATION OF APPOINTMENT | | | | START DATE | | | | | 01-08-2024 | | | | | | | | | | | | END DATE | | | | | | *30-11-2024* |  | |
| 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)* | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
| MOTIVATION (*for vacancies from the UJ central budget, clarify the reason if post is vacant for more than 3months)* | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
| PAYMENT DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNITS | | PER MONTH | | |  | | | | | | | | | | PER HOUR | | | | | | |  | | | | | | | |
| OTHER: PLEASE SPECIFY IF REMUNERATION IS MADE FROM ANY OTHER DEPARTMENT OR DIVISION  *(Refer to Tariff List e.g., per page, per session)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APPOINTED AGAINST PERMANENT POSITION | | | | | | | | NO | | | | | YES | | | | | | POST NUMBER | | | | | | |  | | | |
| REMUNERATION | | | ZAR 7500 | | | | NUMBER OF HOURS  *(Please indicate the actual hours*  *of worked for the full duration of the contract)* | | | | | | | | | | | | | | | | | | |  | | | |
| FULL COST STRING | | | 05 | | | 05 | 146923 | | | | | | | | | | | 15 | | | | | | | 31300 | | | | |
| TOTAL BUDGET FOR THIS APPOINTMENT | | | 30000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDICATE ANY CURRENT AND/OR POTENTIAL CONFLICT(S) OF INTEREST AND DESCRIBE IN FULL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *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.*    *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.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

From 1 January 2022, the UJ is a COVID-19 mandatory vaccination site. It will be mandatory for all employees, requiring access to any of the UJ premises to produce a vaccination certificate (partially in the case of Pfizer). If an employee cannot comply with the above, the employee must apply for exemption based on religious or medical grounds as soon as possible. Failure to do so will be regarded as being in breach of the Policy. If an employee is still non-compliant, the employee will not

be granted access to campus unless they are able to provide proof on a negative COVID-19/SARS-CoV-2 RT-PCR (polymerase chain reaction) test. This does not apply to staff who are not required to be on campus.

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| EMPLOYEE |  |  |
| SAMUEL TIISETSO PUDINYANE | A close up of a signature  Description automatically generated | 24-07-2024 |
| Full name and Surname [Please print] | Signature | Date |

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

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

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

1. 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.

   [↑](#footnote-ref-1)
2. 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. [↑](#footnote-ref-2)