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| **HC131F** | **Appointment Form for Temporary Employees** |

* **Please complete all information in full or the appointment cannot be finalised. INCOMPLETE FORMS MAY DELAY PAYMENT.**
* **This appointment is valid only for the period applied for and must be signed by all responsible signatories.**
* **All pages need to be initialled. If corrections are made, no Tipex is permissible. The error must be struck out and be signed at. Reasons for Temporary appointment (indicate with an x below and attach a motivation).**

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| --- | --- | --- |
| **Appointment Type** | | **Following documentation needs to accompany this form:** |
|  | Intern (Supervised – non-SETA) | Copy of ID |
|  | Facilitator | Copy of ID, Qualification |
|  | Temporary Appointment less than 3 months | Copy of ID, Qualification |
|  | Academic Appointment less than 5 hours per day and longer than 3 months | Copy of ID, Qualification |
|  | Temporary Appointments paid by Claim up to 12 months | Copy of ID, Qualification |
|  | Retiree | Copy of ID, Qualification in case it is an academic appointment |
| **X** | Student Assistant, Supplementary Instruction (SI) Leader | Copy of ID, Proof of Student Registration & Time Sheet |
| *\*Foreign Student Assistant* | *\*Copy of Passport, Study Permit, Permission to Conduct Work Form , Proof of Student Registration & Time Sheet* |
|  | Foreigner | Copy of Passport, Work Permit, Qualification |

**SECTION A: TEMPORARY APPOINTMENT: (*To be completed by the Line Manager)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Position Name** | **Student Assistant** | | | | | | | | **Position Nr.** *(existing position)* | | | | | | | |  | | | | | |
| **Campus (tick)** | **Institutional** | |  | | **Mafikeng** | |  | | **Potchefstroom** | | | |  | | **Vaal Triangle** | | | | | **X** | | |
| **Faculty/Division** | **Faculty of Natural and Agricultural Sciences** | | | | | | | | | | | | **OE Code where appointment is made:** | | | | | | | | | |
| **School/Department** | **School of Computer Sciences & Inform. Systems** | | | | | | | | | | | |
| **Subject Group** |  | | | | | | | | | | | |
| **Employment Group** | **Academic** | | | | | | |  | **Support** | | | | | | | | | | | | **X** | |
| **Duration of Appointment** | **Start Date** | | | **2018/07/16** | | | | | **End Date** | | **2018/11/30** | | | | | | | | | | | |
| **Remuneration shall be paid as follows (please tick)** | **Per Month** | | |  | | **Amount** | | R |  |  | |  | |  | |  | | - |  | | |  |
| **End of Term** | | |  | | **Amount** | | R |  |  | |  | |  | |  | | - |  | | |  |
| **By Claim** | **Per Session** | |  | | **Amount** | | R |  |  | |  | |  | |  | | - |  | | |  |
| **Per Hour** | | **X** | | **Amount** | | R |  |  | |  | |  | |  | |  |  | | |  |
| **Per Module** | |  | | **Amount** | | R |  |  | |  | |  | |  | | - |  | | |  |
| **Please specify if remuneration is made using any other unit**  **(e.g. per page/word etc.)** | | | | | | | | |  | | | | | | | | | | | | | |
| **Total Hours work per week** |  | | | | | | | | | | | | | | | | | | | | | |

**SECTION B: BUDGET**

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| **Costing** | **Temp Budget** | **X** | | **Vacant Position** | | |  | | | **Vacant Position Nr.** | | | |  | | | |
| **Accounting Combination** | | **%** | **VC** | **●** | **1** | **A** | **0** | **0** | **8** | | **3** | **6** | **●** | **1** | **2** | **0** | **1** |
| **Accounting Combination** | | **%** |  | ● |  |  |  |  |  | |  |  | ● |  |  |  |  |
|  | | **Initials & Surname** | | | | | **Signature** | | | | | | **Date** | | | | |
| **Financially accountable Manager’s signature (Director’s level P5 or higher)** | | **Dr. C. Venter** | | | | |  | | | | | |  | | | | |
| **Next Level Line Manager** | | **Prof. E. Ebenso** | | | | |  | | | | | |  | | | | |
| **Human Capital** | |  | | | | |  | | | | | |  | | | | |

**SECTION C: PERSONAL PARTICULARS OF TEMPORARY EMPLOYEES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **NWU Nr. (if applicable)** | **2** | | | **7** | | | | | **4** | | | | **8** | | | | | | **3** | | | | **5** | | | | | | **3** | | | | | | **3** | | | |  | | | | **Title** | | | | | | | | | | | | | | **Mnr** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Surname** | **SITTIG** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Initials** | | | | | | | | | | | | | | **J** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Names** | **JACO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Preferred Name** | **JACO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Extension** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **Internal Box** | | | | | | | | | | | | | | |  | | | | | | | |
| **Gender (for statistical use)** | Male | | | | | x | | | | | Female | | | | | | |  | | | | **Marital Status** | | | | | | | | | | | | | | | | Single | | | | x | | | Married | | | | | | | | |  | | | Divorced | | | | | | | | | | | |  | | | Widowed | | | | | | | | | | |  |
| **Maiden Name** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | **Correspondence Preference** | | | | | | | | | | | | | | | | | | | | | | | | English | | | | | | | | | | | x | | | | | | | Afrikaans | | | | | | | | | | |  | | |
| **Race (for statistical use)** | African | | | | | | | | |  | | | | | Coloured | | | | | | | | | | |  | | | | | Indian | | | | | | | | | | | |  | | | | | White | | | | | | | | | | | | | x | | | | | | Other | | | | | | | | | | | | | | | |  |
| **Date of Birth** | 1997-02-26 | | | | | | | | | | | | | | | | | | | | | | **Home Language** | | | | | | | | | | | | | | | | | | | | AFRIKAANS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nationality** | SOUTH AFRICAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Identity Nr.** | 9 | | | | 7 | | | | | | | 0 | | | | | | | | 2 | | | | | 2 | | | | | | | 6 | | | | | | | | 5 | | | | 0 | | | | | | | 2 | | | | | | | | 3 | | | | | 0 | | | | | | | | | 8 | | | | | | | 7 | | | |
| **Passport Nr.** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Expiry Date** | | | | | | | | | | | | | |  | |  | | | | - | | | | |  | | | |  | | | - | | | | | |  | | |  | | | | |  | | |  | |
| **Work Permit Nr.** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Expiry Date** | | | | | | | | | | | | | |  | |  | | | | - | | | | |  | | | |  | | | - | | | | | |  | | |  | | | | |  | | |  | |
| **Income Tax Nr.** | 0 | | | | | | | 4 | | | | | | | | | 3 | | | | | | | 2 | | | | | | | | | | 2 | | | | | | | 4 | | | | | | | | | 4 | | | | | | | | | | 2 | | | | | | | | 6 | | | | | | | | | 7 | | | | | | |
| **Residential Address** | | 2 Rietrevier Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Postal Address**  ***If same as Residential Address*, tick *here*** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vanderbijlpark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S.E.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **Code** | | | | 1 | | | | | | | 9 | | | | | | | 1 | | | | | | 1 | | | | | | | | | | **Code** | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | |
| **Home Telephone Nr.** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Mobile Nr.** | | | | | | | | | 072 7294 535 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Work Telephone Nr.** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **E-mail address** | | | | | | | | | jaco.sittig@vodamail.co.za | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Where you previously employed by NWU? (Tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | | X | | | | | | | | | | **No** | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Are you employed by an employer other than the NWU? (Tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | |  | | | | | | | | | | **No** | | | | | | | | | | | | | | | | | | | X | | | | | | | | |
| **Are you self-employed? (Tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | |  | | | | | | | | | | **No** | | | | | | | | | | | | | | | | | | | X | | | | | | | | |
| **Highest Qualification** | | | | | | | | | | | | | | | | Grade 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**SECTION D: BANK DETAILS: (***No payment will be made if these details are not provided.)*

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| **Account type** | **Current (cheque)** | | |  | | | **Savings** | | | |  | | | | | | | | **Transmission** | | | | | |  | | | | |
| **Bank branch code** |  |  | |  | |  |  | |  | | |  | | | | |  | | | |  | | | | | | | | |
| **Account Nr.** |  |  | |  | |  |  | |  | | |  | | | | |  | | | |  | | |  | | | |  | |
| **Name of bank** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Account holder** | **Surname** | |  | | | | | | | | | | | **Initials** | | | | | |  | | | | | | | | | |
| **Account type** | **Own Account** | | | |  | | **Joint Account** | | | | | | | |  | | | | **3rd Party** | | | | | | |  | | | |
| **Signature: Temporary Employee** |  | | | | | | | **Date:** | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | **-** | | |  | |  | | **-** | |  |  | | | |  | |  |