



REMUNERATION CLAIM: TEMPORARY AND FIXED TERM APPOINTMENTS

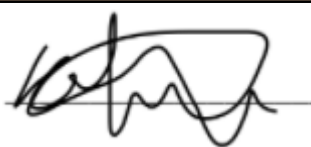
- Please complete only ONE claim form per calendar month per contract.
- Faculty/Division must ensure that all claims forms reach the Human Resources Division before payroll closure
- Refer to the [Policy on Temporary and Fixed term Appointments](#)

PERSONAL PARTICULARS OF EMPLOYEE					
EMPLOYED AT UJ	YES	NO	FACULTY/DIVISION		
			DEPARTMENT/UNIT/CENTRE		
EMPLOYEE NUMBER			MONTH OF CLAIM		
SURNAME	Kalombo			TITLE	Mr
FIRST NAMES	Ado Kahila				
CELLPHONE/MOBILE NUMBER	0671415939		EMAIL ADDRESS	kalombokahila@gmail.com	
ALTERNATE CONTACT NUMBER			ALTERNATE EMAIL ADDRESS	adonis7121@gmail.com	
REQUESTORS CONTACT DETAILS FOR QUERIES REGARDING APPOINTMENT					
TELEPHONE EXTENSION			EMAIL ADDRESS		
TEMPORARY APPOINTMENT DETAILS					
DURATION OF APPOINTMENT		START DATE:		END DATE:	
UNIT	PER HOUR	OTHER (Please specify)	e.g., per thesis		
REMUNERATION	ZAR	NUMBER OF HOURS WORKED (Please indicate the actual hours of worked for the full duration of the contract)			
COST STRING					
APPOINTED AGAINST A PERMANENT POSITION	YES	NO	IF YES, POSITION NUMBER		
TOTAL BUDGET FOR APPOINTMENT					
CLAIM DETAILS					
Contract EIT Number	Total Units	Rate	Currency	Amount Claimed	Cost Centre Number
e.g., 2016.01	e.g., 10 hours	e.g., R150.00/hour	e.g., ZAR, USD, etc.	e.g. R1,500.00	e.g., 05.05.123456.20.31300
TOTAL CLAIMED					

BANKING DETAILS

STATUS	CHANGED	NO	YES	IF YES, PLEASE COMPLETE THE BELOW	
ACCOUNT HOLDER'S NAME	Ado Kahila Kalombo				
BANK NAME	NedBank				
BRANCH NAME	Wits University Braam	BRANCH CODE (South African banks use universal codes)		195105	
ACCOUNT NUMBER					
TYPE OF ACCOUNT	SAVINGS X	CHEQUE	CURRENT	OWN	JOINT
IBAN NO (International)			SWIFT CODE (International)		
BANK PHYSICAL ADDRESS (Compulsory for foreign banking details)					

SIGNATURES

EMPLOYEE		
Ado Kahila Kalombo		21 August 2021
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

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

IF ANY NEW CONFLICT(S) OF INTEREST OR THOSE PREVIOUSLY NOT DISCLOSED, PLEASE DESCRIBE FULLY: