

## 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	S		No		EMF	PLOYE	NUM	BEF	₹								
EMPLOYED AT THE UJ	Yes	S		No		If "Y Divi:		ase inc	dicat	te Faculty or								
APPOINTED AS		•	•															
PERSONAL PARTICUL	ARS OF	EMPL	OYEE															
SURNAME	Kalomb	0														TITLI	E MR	
FIRST NAMES	Ado Ka	hila																
IDENTITY/PASSPORT NUMBER	Р	Т	А		0		G		0		30		3	311		1	08	
DATE OF BIRTH					WOR	K VISA	NUMBE	R										
GENDER	Male	х	Fe	male			MARITA STATUS			Single	)	<		Marı	ied			
ARE YOU A SOUTH AFRICAN CITIZEN?	Yes		No		x I	If "No,"	' specif	y the N	NATI	IONALITY	•				С	ongole	se	
INCOME TAX NUMBER					-													
CONFIRM CARE OF INTERMEDIARY	, 0,	other, Fa	,											NO e.g.	, If no	, indica	ate no	ne X
HOME ADDRESS	46 lily a	ve Berea	a mews u	ınit 6						ADDRESS ent to the Ho	ome Ado	dress	,	2198				
TELEPHONE NUMBERS, (Including code)	НОМЕ						•			L/MOBILE F			,		067	'14159	39	
EMAIL ADDRESS	kalomb	okahila@	gmail.co	m				ALTE	ERN	ATE EMAIL	ADDRE	SS	ado	nis712	21@g	mail.co	mc	
DISABILITY <sup>1</sup>	Yes		No	х	IF "YES	S", STA	TE NAT	URE										
The University recognises the	nat Peopl	e with Di	isabilities	are pe	ople with	abilities	capable	e of an	d eli	igible for a w	ide rang	e of p	ositio	ns and	d occi	upation	ns just	as th
Disclosed information will be working conditions/environn											ss the al	bility t	o per	form, t	o rea:	sonabl	y acco	ommo
RACE <sup>2</sup>	Afr	rican	х		Colou	ured				Inc	dian						Wh	ite
QUALIFICATION (ONLY	PROVI	DE HIG	HEST C	QUALII	FICATIO	N)												
NAME OF INSTITUTION	Univers	ity of Jol	nannesbu	ırg								QL	JALIF	ICATION	ON			
AWARDED DATE	In progr	ess					STATU	s	Р	ASSED					CON	IPLET	ED	
BANKING DETAILS																		

<sup>&</sup>lt;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>&</sup>lt;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.

STA	ATUS	CHANGED	NO		YES		IF YES, F	PLEASI	E COMPLE	ETE THE BEL	.ow
ACC NAM	COUNT HOLDER'S	Adonis Kahila Ka	alombo	•	•	•	•				
BAN	NK NAME	NedBank									
BRA	ANCH NAME	Wits University E	Braam			BRANCH C		se univ	ersal codes	s) <b>195105</b>	
ACC	COUNT NUMBER	1183023405			•	•					
TYP	E OF ACCOUNT	SAVINGS		CI	HEQUE		CURRE	NT			OWN
IBA	N NO (International)			-			SWIFT CO	DE (In	ternationa	nI)	
ADE	NK PHYSICAL DRESS							·			
	mpulsory for foreign king details)										
		NTMENT DETAILS	(Section to be comp	oleted)			,				
EMF	PLOYMENT GROUP		ACADE	MIC							SUPP
	POINTED AS ase specify)										
CAT (Ref	POINTMENT EGORY fer to Tariff List) e.g. , P13	,									
DUF	RATION OF POINTMENT	START DATE	(	DD-MM	-YYYY)					END DATE	
		ARY EMPLOYMENT	'							•	
	Temporary replac	ement of permanent	t employee on leave	e or sec	ondment						
	Temporary stand	in for vacant permar	nent position, to be	filled							
	Temporary increa	se in volume of work	k, less than 12 mon	ths							
	Seasonal increas	e in volume of work,	less than 12 month	ns e.g. p	eak perio	ods, gradua	ition, admi	issions	;		
	Student or recent	graduate on acader	mic apprenticeship/i	nternsh	ip/learne	rship					
	Position funded b	y external (non UJ)	funds for limited tim	е							
	Post-retirement a	ppointment (person	beyond retirement a	age)							
	Duration of work-	permit for a non-citiz	en employee								
	Services will not										
		or limited time and cl	ear deliverable								
	Other (Please specify)										
vaca cent reas	TIVATION  ancies from the tral budget, clarify son if post is vacant e than 3-months)	the									
UNI	TS PER MONTH					F	ER HOUR				
		IFY IF REMUNERATION PROPERTY IF REMUNERATION (IF PAGE   PER SESSION)	ON IS MADE FROM A	NY OTH	ER DEPAI	RTMENT OF	RDIVISION			•	
,	<b>3</b> 71	, _ ,									
REN	IUNERATION	ZAR	NUMBER OF I (Please indicat		tual hours	of worked fo	r the full du	ration c	of the contr	ract)	
cos	ST CENTRE										

TOTAL BUDGET FOR THIS APPOINTMENT							
INDICATE ANY CURRENT AND/OR POTENTIAL CONFLICT(S) OF	INTEREST						
The parties below acknowledge and confirm that the information above is correct; sufficient budget has been provided for and the reason for 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 co The employee accepts the reason set out hereinabove, and its validity, for the fixed duration of this appointment. The employee accept renewals. If at any time a conflict of interest arises, the employee is requested to immediately declare this as per the policy of the Universacknowledge and agree that the contract of employment shall be of full force and effect only upon the signature of all the listed signatories.							
EMPLOYEE							
Ado Kahila Kalombo	who	21 August 2021					
Full name and Surname [Please print]	Signature	Date					
PRIMARY LINE MANAGER (Final approver can be the Line Mana Senior Director)	ager, Head of Department, Vice-Dean, Exec	utive Dean, Executive Director or					
Full name and Surname [Please print]	Signature	Date					
	AFF IT IS REQUIRED FOR THE PRIMARY						
[Please print]  IF A SECONDARY LINE MANAGER APPOINTS A MEMBER OF ST.	AFF IT IS REQUIRED FOR THE PRIMARY L BE PROCESSED	LINE MANAGER TO					
[Please print]  IF A SECONDARY LINE MANAGER APPOINTS A MEMBER OF ST. SIGN ACCEPTANCE THEREOF BEFORE THE APPOINTMENT WILL SECONDARY LINE MANAGER (Final approver can be the Line)	AFF IT IS REQUIRED FOR THE PRIMARY L BE PROCESSED	LINE MANAGER TO					
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[Please print]  IF A SECONDARY LINE MANAGER APPOINTS A MEMBER OF ST. SIGN ACCEPTANCE THEREOF BEFORE THE APPOINTMENT WILL SECONDARY LINE MANAGER (Final approver can be the Line or Senior Director)  Full name and Surname	AFF IT IS REQUIRED FOR THE PRIMARY L BE PROCESSED  Manager, Head of Department, Vice-Dean, I  Signature	Executive Dean, Executive Director  Date					
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