



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	No	EMPLOYEE NUMBER														
EMPLOYED AT UJ	Yes	No	If "Yes", please indicate Department or Division														
APPOINTED AS																	
PERSONAL PARTICULARS OF EMPLOYEE																	
SURNAME								TITLE									
FIRST NAMES																	
IDENTITY/PASSPORT NUMBER																	
DATE OF BIRTH				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														
EMPLOYED OUTSIDE UJ	Yes	No															
INCOME TAX NUMBER (SA)																	
CONFIRM CARE OF INTERMEDIARY	YES (E.g., Mother, Father, grandparent etc.)							NO e.g., If no, indicate none									
HOME ADDRESS					POSTAL ADDRESS (If different to the Home Address)												
	POSTAL CODE				POSTAL CODE												
TELEPHONE NUMBERS, (Including code)	HOME TEL				CELL/MOBILE PHONE												
EMAIL ADDRESS					WORK TEL												
DISABILITY ¹	Yes	No	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 ²	African		Coloured		Indian		White		Chinese								

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.

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.

QUALIFICATION (ONLY PROVIDE HIGHEST COMPLETED QUALIFICATION)						
NAME OF INSTITUTION				QUALIFICATION		
AWARDED DATE			STATUS	PASSED		COMPLETED
BANKING DETAILS	(NOT OLDER THAN 3 MONTHS)					
STATUS	CHANGED	NO		YES		
ACCOUNT HOLDER'S NAME						
BANK NAME						
BRANCH NAME			BRANCH CODE <i>(South African banks use universal codes)</i>			
ACCOUNT NUMBER						
TYPE OF ACCOUNT	SAVINGS	CHEQUE	CURRENT	OWN	JOINT	
TEMPORARY APPOINTMENT DETAILS (Section to be completed)						
EMPLOYMENT GROUP	ACADEMIC				SUPPORT	X
APPOINTED AS <i>(Please specify)</i>	Mentors (Specialist Assistant)					
APPOINTMENT CATEGORY <i>(Refer to Tariff List) e.g., P11, P13</i>	P10					
DURATION OF APPOINTMENT	START DATE	01 FEBRUARY 2026		END DATE	31 OCTOBER 2026	
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					
X	Specific project for limited time and clear deliverable					
Other <i>(Please specify)</i>						
MOTIVATION <i>(For vacancies from the UJ central budget, clarify the reason if post is vacant for more than 3-months)</i>						

RATE	PER MONTH	R805			PER HOUR	R115	
OTHER: PLEASE SPECIFY IF REMUNERATION IS MADE FROM ANY OTHER DEPARTMENT OR DIVISION (Refer to Tariff List e.g., per page, per session)							
TOTAL UNIT	9		ACTUAL HOURS (Please indicate the numbers of hours worked for the full duration of the contract)				63
FULL COST CENTRE STRING	05	05	105554	25	31300	Perm Post	
TOTAL BUDGET FOR THIS APPOINTMENT	R7245						
INDICATE ANY CURRENT AND/OR POTENTIAL CONFLICT(S) OF INTEREST							
<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>							

EMPLOYEE		
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

HUMAN CAPITAL MANAGEMENT BUSINESS PARTNER		
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 Dean, Executive Director or Senior Director)		
Full name and Surname [Please print]	Signature	Date