



## APPLICATION FORM • STUDENT ASSISTANTS

### A. MANDATORY INFORMATION FOR THE SARS

All the below information is compulsory. Should a question not be applicable to you, please write n/a. Any blank spaces in this section will not be acceptable to the SARS.

#### NATURE OF PERSON

A = individual with ID number or passport number  
B = individual without ID number or passport number  
C = director of private company or member of close corporation  
D = trust

E = company or close corporation  
F = partnership  
G = corporation

FILL IN

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EMPLOYEE'S SURNAME OR TRADING NAME.....

FIRST TWO NAMES ..... INITIALS .....

IDENTITY NUMBER ..... PASSPORT NUMBER.....

DATE OF BIRTH ..... COMPANY/CC/TRUST NUMBER.....

INCOME TAX NUMBER.....

EMPLOYEE'S RESIDENTIAL ADDRESS.....

.....

..... CODE .....

EMPLOYEE'S POSTAL ADDRESS.....

..... CODE .....

EMPLOYEE NUMBER .....

### B. BIOGRAPHICAL INFORMATION

TITLE..... \*GENDER.....

\*RACE ..... MARITAL STATUS.....

PREVIOUS SURNAME..... CITIZENSHIP .....

LANGUAGE .....

\*For statistical purposes

### C. TECHNIKON-RELATED INFORMATION

OFFICE NUMBER..... BUILDING NUMBER.....

CAMPUS ..... WORK TELEPHONE NUMBER .....

WORK FAX NUMBER..... HOME TELEPHONE NUMBER .....

CELL NUMBER.....

**D. DECLARATIONS BY APPLICANT**

Do you have another job? (mark with a X)

Yes

No

I declare that the particulars furnished by me on this form are true and correct.

DATE ..... SIGNATURE .....

**E. MUST BE COMPLETED BY HEAD OF DEPARTMENT**

DEPARTMENT ..... COST CENTRE .....

PERIOD OF SERVICE from ..... to .....

NUMBER OF HOURS PER WEEK ..... TOTAL WEEKS .....

TARIFF (p.h.) ..... OR LUMP SUM .....

DEPARTMENT ..... COST CENTRE .....

PERIOD OF SERVICE from ..... to .....

NUMBER OF HOURS PER WEEK ..... TOTAL WEEKS .....

TARIFF (p.h.) ..... OR LUMP SUM .....

DEPARTMENT ..... COST CENTRE .....

PERIOD OF SERVICE from ..... to .....

NUMBER OF HOURS PER WEEK ..... TOTAL WEEKS .....

TARIFF (p.h.) ..... OR LUMP SUM .....

APPROVAL

HEAD OF DEPARTMENT ..... DATE .....

**F. PERSONNEL OFFICE USE**

Personnel number ..... Post number .....

Amount ..... Contract number .....

**G. CONDITIONS OF SERVICE**

Whereas the employer and employee have agreed to enter into this contract of employment in accordance with the above conditions, it is furthermore agreed as follows:

## 1. TRANSFER

By virtue of the nature of its activities the Technikon shall at all times reserve the right to transfer employees to any site it deems necessary.

## 2. PROTECTIVE CLOTHING AND EQUIPMENT (Machinery and Occupational Safety Act)

The Technikon will provide protective clothing and equipment where it may be necessary. Such clothing and equipment must be worn and used at work as prescribed and shall remain the property of the Technikon.

## 3. DISCIPLINARY AND GRIEVANCE PROCEDURES

The Technikon's disciplinary and grievance procedures as well as the Technikon's retrenchment procedure shall apply.

4. RULES AND REGULATIONS

The employee undertakes to comply with all Technikon rules and regulations and to carry out all reasonable instructions by the management.

5. REVISION OF CONDITIONS OF EMPLOYMENT

The conditions of employment may be revised and amended from time to time to suit prevailing circumstances. Appointments shall be valid only for the period agreed upon.

6. PERIOD OF CONTRACT

This contract of employment shall automatically terminate on the date of expiry of the specified term. There shall be no automatic renewal. The parties may, however, negotiate a new contract, or the extension of the contract period. Such a contract will only be valid if signed by both the employer and the employee.

7. Notwithstanding the provision contained in paragraph 7 hereof, either party may terminate the contract of employment by giving written notice. The period of notice shall be five days.

**Closing dates for payment**

**No payments will be made before all applicable forms have been received by the personnel office. Persons who hand in their forms after the sixth working day of the month will only receive payment at the end of the following month.**

**METHOD OF PAYMENT REQUESTED**

☐

Claim form

☐

Lump sum at end of period

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Total salary divided up over ..... months

I, the undersigned (being the employee referred to herein), acknowledge receipt of a copy of this agreement and confirm that I understand the agreement fully. I hold myself legally bound to this agreement and shall observe its provisions.

Thus done and signed at ..... on this..... day of..... 20 .....

Employee ..... Employer .....

Witness.....

**NOTE**

The employment contract must be completed in black and each .....page must be signed at the bottom.