



APPLICATION FORM • PART-TIME LECTURERS

Please attach copy of ID

A. MANDATORY INFORMATION FOR THE SARS

All the information below is compulsory. Should a question not apply to you, please write "n/a".
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

☐

STAFF MEMBER'S SURNAME

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

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

DATE OF BIRTH..... INCOME TAX NUMBER.....

STAFF MEMBER'S RESIDENTIAL ADDRESS (POSTAL ADDRESS UNACCEPTABLE)

.....

.....CODE.....

STAFF MEMBER'S POSTAL ADDRESS

.....CODE.....

STAFF MEMBER NUMBER

*GENDER..... *RACE

MARITAL STATUS PREVIOUS SURNAME

CITIZENSHIP LANGUAGE

*For statistical purposes

OFFICE NUMBER BUILDING NUMBER

CAMPUS WORK TELEPHONE NUMBER

WORK FAX NUMBER HOME TELEPHONE NUMBER

CELL NUMBER

Do you have any other employer? (mark with an X)

Yes

No

If Yes, please provide details of other employer

.....
.....
.....
.....
..... POSTAL CODE

B. TRAINING AND QUALIFICATIONS

Post-school qualifications/Highest qualifications

Degree/Diploma/Certificate	Institution	Date obtained	Major subjects
.....			
.....			
.....			
.....			
.....			
.....			
.....			
.....			
.....			

C. DECLARATION BY APPLICANT

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

DATE..... SIGNATURE

D. MUST BE COMPLETED BY HEAD OF DEPARTMENT

Subjects to be presented. Indicate with an X in applicable box.

1. Certificate/Diploma ☐ OR Higher Certificate/Diploma/B Tech ☐

SUBJECT NAME..... HOURS PER WEEK

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

TOTAL WEEKS TARIFF (p.h.)

OR LUMP SUM

DEPARTMENT COST CENTRE

2. Certificate/Diploma ☐ OR B Tech and higher ☐

SUBJECT NAME..... HOURS PER WEEK

PERIOD from to.....

TOTAL WEEKS TARIFF (p.h.)

OR LUMP SUM

DEPARTMENT COST CENTRE.....

3. Certificate/Diploma ☐ OR Higher Certificate/Diploma/B Tech ☐

SUBJECT NAME..... HOURS PER WEEK

PERIOD OF SERVICE from to.....

TOTAL WEEKS TARIFF (p.h.)

OR LUMP SUM

DEPARTMENT COST CENTRE.....

APPROVAL

HEAD OF DEPARTMENT..... DATE

E. HUMAN RESOURCES OFFICE USE

Staff number Post number

F. CONDITIONS OF SERVICE

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

1. **TRANSFER**
By virtue of the nature of its activities, the Tshwane University of Technology shall at all times reserve the right to transfer staff to any site it deems necessary.
2. **PREPARATION AND EVALUATION**
No additional remuneration shall be payable for preparation of lectures, and for compiling as well as marking question papers.
3. **PROTECTIVE CLOTHING AND EQUIPMENT (Occupational Health and Safety Act, 1993 (Act No. 12 of 1993))**
The Tshwane University of Technology 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 Tshwane University of Technology.
4. **DISCIPLINARY AND GRIEVANCE PROCEDURES**
The Tshwane University of Technology's disciplinary and grievance procedures and the Tshwane University of Technology's retrenchment procedure shall apply.
5. **RULES AND REGULATIONS**
The employee undertakes to comply with all the rules and the regulations of the Tshwane University of Technology and to carry out all reasonable instructions given by the management.
6. **REVISION OF CONDITIONS OF EMPLOYMENT**
The conditions of employment may be reviewed and amended from time to time according to prevailing circumstances. Appointments shall be valid only for the period agreed upon.

7. 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 for a new contract or for the extension of the contract period. Such a contract shall be valid only if signed by both the employer and the employee.

8. 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 shall receive payment at the end of the following month.

G. METHOD OF PAYMENT REQUESTED

☐

Claim form

☐

Lump sum at end of period

☐

Total salary divided up into 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 made and signed at on this day of 20

Employee..... for the Employer.....

Witness

NOTE

The employment contract must be completed in black ink and must be initialed at the bottom of each page.

Signed off

.....
HUMAN RESOURCES

.....
PAYROLL

.....
DATE

.....
DATE