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|  | **SERVICE CONTRACT AGREEMENT**  **IN RESPECT OF PAYMENT OF COSTS ASSOCIATED WITH THE EMPLOYMENT OF INTERNATIONAL STAFF** |

This agreement is between Rhodes University and [full name of staff member]

hereinafter referred to as the member of staff, employed in [name of department] in the post of [name of post]. This service contract agreement relates to the liability for costs incurred in obtaining work permits, exceptional skills permits, permanent residence and/or similar documentation required and issued by the Department of Home Affairs related to the employment of international staff.

**The conditions of this service contract agreement are:**

* The University will pay for the costs for the member of staff, partner and dependents under the age of 18 only unless a dependent over the age of 18 has a disability such that they are fully dependent on the member of staff. Adopted children shall be regarded as dependents provided that this is a legal adoption. Parents are not regarded as dependents even where the member of staff is fully responsible for their living costs.
* The costs that will be paid by Rhodes University include the cost of a work permit and permanent residence permits. These costs will be those determined by the Department of Home Affairs and for any services rendered by the agency utilised by Rhodes University for such purposes.
* Costs that are not included are:
  + those incurred as a result of having to travel to a centre to acquire such work permits;
  + medical examinations and radiology reports;
  + police clearance certificates; and
  + any other costs that the University deems appropriate not to include.
* The liability for obtaining [type of visa] for this member of staff amounts to R[amount].
* [For prospective member of staff] The member of staff shall be liable for this cost, on a pro-rata basis, should s/he resign from Rhodes University within three years of commencement of employment.\*
* [For prospective staff member] Rhodes University’s paying these costs has no tax implications for the member of staff.\*
* [For current member of staff] The member of staff shall be liable for this cost, on a pro-rata basis, should s/he resign from Rhodes University within three years of the date of this agreement.\*
* [For current member of staff] Rhodes University’s paying these costs shall be regarded as a fringe benefit which is taxable.\*

[\*delete whichever is not applicable]

* By signing this agreement, the member of staff agrees to any outstanding liability being deducted from his/her salary in the penultimate or ultimate months of employment.
* In the event of the death of the member of staff, there shall be no liability.
* I, [name of member of staff] understand and accept the conditions outlined above. This done and signed at Grahamstown on this [ \_ ] day of [month] 201\_.

Signed: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witnesses:**

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| Name: | Date: | Signature: |
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