

**TEMPORARY APPOINTMENTS AGAINST**

**RHODES UNIVERSITY ACADEMIC BUDGETS**

***Please return this fully completed form to the Generalist for your area in Room 224, Main Admin Block. Allow 3 days for processing of this request.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **GENERAL/BUDGET DETAILS:** | | | **Dept:** | | |  | | | | **HOD Name:** | | | |  | | | | | | |
| **Budget Funds** (Please tick): | | **Vacancy** | **Academic Leave** | | | **Sick Leave** | | | | **Parental leave** | | | | **HOD Research Support** | | | | **Temporary Teaching** | | |
| **Against which person or post?:** | |  | | | | | | | | | | | |
| **Budgeted Value:** | | **n/a** |  | | **n/a** | | | | |  | | | |  | | | |  | | |
| **APPOINTEE DETAILS:** (Please provide details below) | | | | | | | | | | | | | | | | | | | | |
| **Title:** | **First Names:** | | **Last Name:** | | | | | | | **Contact Details:** (Address & Telephone) | | | | | | | | | | |
|  |  | |  | | | | | | |  | | | | | | | | | | |
| **Please tick all relevant blocks, for Employment Equity purposes:** | | | **Black (African, Chinese, Coloured, Indian)** | | | | **White** | | | **male** | | **Female** | | | | | **disabled** | | | **FOREIGN NATIONAL** |
| **In line with Rhodes University Employment Equity initiatives/strategies, if you did not appoint a BLACK candidate (African, Coloured, Chinese, Indian), please outline what was done in order to find a suitable candidate from this group.**  **In line with Rhodes University Employment Equity initiatives/strategies, if you did not appoint a BLACK candidate, please outline what was done in order to find a suitable candidate from this group?** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Where you were unable to appoint a Black candidate or a candidate from ANOTHER DESIGNATED GROUP, please outline what has been done in this regard.** | | | | | | | | | | | | | | | | | | | | |
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| **If International (non-SA citizen), please indicate permit type:** In need refer to: <http://www.ru.ac.za/humanresources/policiesandinfo/information/foreignnationals/> | | | | | | | | | **STUDY** | | | | **WORK** | | | | | **EXCEPTIONAL SKILLS** | | |
| **Current/Previous RU Employee or Current Student Number:** | | | | | | | | |  | | | | | | | | | | | |
| **If other current work/contracts at Rhodes University, specify:** | | | | | | | | | Dept/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hrs: \_\_\_\_\_ pm | | | | | | | | | | | |
| **Is the person currently employed on a Post- Doctoral Contract with the University? If Yes, please note they are not allowed to work more than 12 hours per week as per SARS regulations** | | | | | | | | | Yes | | | | | | | No | | | | |
| **PROPOSED CONTRACT INFORMATION:** (Please complete below) | | | | | | | | | | | | | | | | | | | | |
| **Proposed Job Title:** | | | | **Start Date of Contract:** | | | | **End Date of Contract:** | | | **Hourly Rate\*** | | | | **Method of Payment:** | | | | | |
|  | | | |  | | | |  | | |  | | | | **Lump-sum (final month)** | | | | **equal monthly instalments** | |

***\*2016 Hourly Rates****: Teaching Assistant* ***R119*** *Temporary Teaching* ***R149*** *Professional Disciplines- HR approved* ***R222***

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| **Indicate course/programme & approximate hours for various responsibilities:** | | | | | | | | |
| **Name of Courses/ Programmes:** | | | | **Hrs Per Lecture (Prep, Facilitation & Assessment)** | | **No. Lectures** | | **Total Hours** |
|  | | | |  | |  | |  |
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|  | | | |  | |  | |  |
|  | | | |  | |  | |  |
| **Supervision:** | | | | **Hrs Per Student** | | **No. Students** | |  |
| Undergraduate Programmes | | | |  | |  | |  |
| Honours Students | | | |  | |  | |  |
| Masters Students | | | |  | |  | |  |
| PhD Students | | | |  | |  | |  |
| **Co-Ordination:** | | | | | | | |  |
| **Own Research- publication for RU subsidy:** | | | | | | | |  |
| **Other:** Please Specify | | |  | | | | |  |
| **TOTAL ESTIMATED CONTRACT HOURS:** | | | | | | | |  |
| **Detail other reasonable costs, at standard University rates, to be covered:** | **Travel Costs** |  | | | | | | |
| **Transit Housing or Other Accommodation** |  | | | | | | |
| **Subsistence** |  | | | | | | |
| **Permit (Internationals)- for contracts of 3yrs +)** |  | | | | | | |
| **Any other considerations:** |  | | | | | | | |
| **HOD SIGNATURE:** |  | | | | **Date:** | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **For HR Office Use Only – To Be Completed by the HR Generalist I, checked by HR Generalist 2 and sent to Senior Generalist:** | | | | | | |
| **Cost Centre:** |  | **Monthly value of contract (excl. UIF)** | |  | **TOTAL value of contract (excl. UIF)** | **R** |
| ***I declare that the information in this application has been carefully assessed and is correct:*** | | | **SIGNATURE** | | **Date:** |  |

*Last updated: March 2016*