

	REQUEST TO APPROVE ALLOWANCE	HR 700
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Staff Number			
Surname		First Name/s	
Title		Cost centre Number	
Cost centre Name			
Current post occupied			

Please circle the relevant allowance below				Start date of allowance	End Date of allowance	
DEPUTY HOD ALLOWANCE	HOD ALLOWANCE	DEPUTY DIRECTORS ALLOWANCE	DIRECTORS ALLOWANCE	OTHER: please specify	Acting allowance	
R750	R1000	R3000	R5000		Previous Staff member whose post is to be acted in	
					Current grade of staff member who is acting	
					Grade of post to be acted in	R
					Monthly Rand value of allowance – calculated by Budget office	R
Motivation for allowance						

REQUIREMENTS AND COMPETENCIES

Minimum Qualifications				
Minimum Experience				
	PRINT NAME	SIGNATURE	CONTACT NO.	DATE
Approved by Lecturer/Requestor				
Approved by School Head/HOD				
Approved by Executive Dean/Director				
Approved by GM Budgeting				