

	<b>APPOINTMENT OF Time on Task USING CLAIM FORMS</b>	HR 300
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Staff Number			
Student Number			
Surname		First Name/s	
Title		Id Number	

If the staff member is not South African, is he/she in possession of a valid .... (tick below)

Study Permit?	Y	N	Permanent Residence?	Y	N
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Dates of Appointment	Start date		End Date	
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Course Details		GI account	
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Start date for Module delivery period		End date for Module delivery period	
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Faculty			
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Cost Centre Name		Cost Centre No	
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Position		Qualification	
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LEVEL				Rates per hour	Junior	Lecturer	Senior Lecturer	Associate Prof	Professor
Junior	Lecturer	Senior Lecturer	Professor/ Assoc Prof		R145	R 145	R160	R175	R175

Hourly Rate		R
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No of hours to be worked		
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Hourly rate times no of hours		R
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Total rand value that individual will earn over the period		R
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Course/s Name to be lectured	Course/s Code	No Credits attributed to course/s	What year is the course/s	No of Students currently / expected	Daytime or evening lectures or both

Key performance Areas	% time

**REQUIREMENTS AND COMPETENCIES**

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

**UNIVERSITY OF FORT HARE TIME ON TASK CLAIM FORM HR 300**

**Lecturer:** \_\_\_\_\_ **Department:** \_\_\_\_\_ **Cost centre Name** \_\_\_\_\_

**Employee no:** \_\_\_\_\_ **Cost Centre** \_\_\_\_\_

**Month:** \_\_\_\_\_ **Faculty:** \_\_\_\_\_

**Course:** \_\_\_\_\_

	PREPARATION			CONSULTATION			LECTURING		
DATE	NO OF HOURS	RATE	TOTAL	NO OF HOURS	RATE	TOTAL	NO OF HOURS	RATE	TOTAL

	PRINT NAME	SIGNATURE	CONTACT NO.	DATE
Approved by HOD				
Approved by School Head				
Approved by Executive Dean				

TOTAL CLAIM 