



University of Fort Hare
Together in Excellence

ACCEPTANCE FORM FOR
CONTRACT POST

HRF 14

I, _____

ID No.: _____

Work Permit No.: _____ Expiry Date: _____

do hereby accept / do not accept (✓ whichever is applicable) the offer and the conditions as stipulated in the offer for the post of

in the _____ Department.

*I am aware that my period of contract is from _____ to _____
I acknowledge that this contract is not renewable and accept that nothing has been done or said which has created an expectation that it will be renewed. Furthermore, I acknowledge that no such expectation will be created unless I receive written notification to conclude a further contract with me.*

I am ready to assume duties on: _____

My last working day will be (end of the contract date): _____

Name: _____

Signature: _____

Date: _____