



University of Fort Hare
Together in Excellence

TEMPORARY CONTRACT FORM

HRFP 001

Name of Position		Post Number	
Name of Employee (Where applicable)		Employee Number	
Period requested	Start Date	End Date	
Faculty Name			
Department Name			
Faculty/Department Details	Cost Centre Name	Cost Center Number	

Number of Hours To Be Worked	
<i>Please Mark with "X" Appropriate Box</i>	
STIPEND	
CLAIM	

(For academic use only)

Course/s Name to be lectured	Course/s Code	No Students registered on the course

Key Performance Areas	% Time

Minimum Qualifications	
Minimum Experience	
Key Competencies	

FOR PCC OFFICE USE ONLY

Hourly rate <i>(To be calculated by HR)</i>	R
Total Rand value to be paid to individual of whole period <i>(To be calculated by HR)</i>	R

AUTHORISATION	PRINT NAME	SIGNATURE	CONTACT NUMBER	DATE
Project Leader				
Dean/Director (If applicable)				
Projects Office				