



University of Fort Hare
Together in Excellence

REQUEST TO APPROVE ALLOWANCE

HRF 20

Staff Number			
Surname		First Name/s	
Title		Cost centre Number	
Cost Centre Name			
Current post occupied			

<i>Please cross the relevant allowance below</i>						Start Date of Allowance	End of Date of Allowance	
PLEASE FIND ATTACHED ACADEMIC ALLOWANCES						OTHER: please specify	Acting Allowance	
Large Department	R3500	Medium Department	R2500	Small Department	R2000	R	<i>Previous Staff member whose post is to be acted in</i>	
Additional Responsibility Allowance		R2500					<i>Current grade of staff member who is acting</i>	
							<i>Grade of post to be acted in</i>	R
							<i>Monthly Rand value of allowance – calculated by Budget office</i>	R

Motivation for allowance

REQUIREMENTS AND COMPETENCY

Minimum Qualifications	
Minimum Experience	
Key Competencies	

AUTHORISATION	PRINT NAME	SIGNATURE	CONTACT NUMBER	DATE
VC/DVC/Registrar/Dean/Director				
Organizational Development				
Budgeting Office				

