

LETTER OF APPOINTMENT FOR A FIXED TERM

Date:
Name:
Identity number:

Dear

Letter of employment

We take pleasure in offering you employment with effect from..... (insert date of employment) until..... (insert date of termination or describe the event which will give rise to the contract terminating) on the following terms and conditions:

1. Position

Your job title is..... and you will be working in the..... department at..... (describe place of work).

2. Remuneration

Your remuneration will be..... per hour/day/week/month, payable in arrears. In addition to the aforesaid, you will be entitled to the following benefits: (describe any other benefits whether cash benefits or benefits in kind)

.....
.....

3. Overtime

You will be required to work overtime, as and when necessary. Your remuneration for such overtime will be determined by the relevant labour legislation.

4. Deductions

UIF payments (if applicable) and income tax (if applicable) will be deducted every month from your remuneration as provided by the Unemployment Insurance Act and the Income Tax Act. Save for the aforesaid the following additional deductions will be made: (list additional deductions that will be made)

.....
.....
.....

5. Annual leave

You will be entitled to 1 (one) day's annual leave for every 17 (seventeen) days worked provided you work more than twenty four hours per month. The dates of your leave will be subject to approval by management and must be applied for in advance.



6. Sick leave

You will be entitled to 1 (one) day's sick leave for every 26 (twenty six) days worked provided you work more than twenty four hours per month. You are required to notify management on the first day of absence in the event of ill health. A medical certificate will be required.

7. Family responsibility

You will be entitled to 3 (three) days' paid leave during a period of twelve months provided you have been in our employ for a period of at least four months and work at least four days per week. Family responsibility leave does not accumulate. Leave may be taken when your child is born or sick or in the event of the death of a member of your immediate family.

8. Notice of termination

Your employment is not permanent and you should have no expectation of continued employment. Your employment commences on..... (insert date of commencement of employment) and terminates on..... (insert date of termination or describe the event which will give rise to the contract terminating) without any notice of such termination being required. Should it become necessary to terminate your employment prior to the date of termination, your employment may only be terminated for good reason and after a fair procedure has been followed. In such circumstances your employment will terminate with notice.

This agreement may also be terminated prior to the expiry of the minimum time period of this agreement due to operational requirements by the company in accordance with the relevant provisions of the Labour Relations Act No 66 of 1995.

9. Marital status and dependents

Please be advised that you are required to inform us immediately of any changes to your marital status, number of dependents or change of address.

10. Confidentiality

You may not divulge any confidential or sensitive information concerning our business to any person without prior written consent from management.

11. Council or sectoral determinations

This business is/is not subject to a council/sector determination. Further information in this regard can be obtained from your superior or a person indicated by him/her.

12. Previous employment

Any period of employment with your previous employer does/does not count towards your employment with us.

13. Other documents

Please be advised that your employment is governed by rules, policies and procedures, copies of which will be made available to you by your superior on request.

Please note that you will receive a copy of the company's employment guide.

We wish you success and trust that our association will be a happy one.

Yours sincerely

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I accept this appointment and fully understand the terms and conditions as detailed.

Signed at on this day of20.....

.....

Signature

Witness:

.....

.....

Name

.....

Name