



education

Department:
Education
PROVINCE OF KWAZULU-NATAL

TAX ON SERVICE BONUS

NAME: _____

PERSAL NO: _____

INSTITUTION: _____

Elect to have the tax on service bonus recovered each month proportionately over the tax year

Elect to have the service bonus tax paid once off in my birthday month.

I declare that I am fully aware of the implications of my choice.

SIGNATURE: _____

DATE: _____

...Championing Quality Education - Creating and Securing a Brighter Future

KWAZULU-NATAL DEPARTMENT OF EDUCATION

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**PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF EDUCATION**

ASSUMPTION OF DUTY

INSTRUCTION

- (a) This form must be completed for all Public Service Personnel and Educators in respect of Appointments, Promotions and Transfers.
- (b) Forms for School-Based Personnel must be submitted to the Regions Office via the District Office.
- (c) Forms for Office-Based Personnel must be submitted through the correct channels.

Institution/Office: _____ District: _____ (if applicable)

Surname: _____ First Name/s: _____

Persal Number: _____ ID Number: _____

Rank: _____ Post Number (if applicable): _____

Date of assumption of duty: _____

(a) Replacement for: _____

(b) Reason (e.g. Leave, Resignation, Transfer, etc.) _____

(c) Period _____ to _____

Type of appointment (e.g. temporary): _____

Previous Institution / Office: _____

HEAD OF INSTITUTION / OFFICE

DATE

KWAZULU-NATAL PROVINCIAL ADMINISTRATION APPLICATION TO CHANGE BANKING ACCOUNT DETAILS

The Accounting Officer

Department of _____
I, _____

(Full name in block letters)

hereby request you to pay my net salary to the credit of *my / my husband's / my wife's account
at the under-mentioned Bank until further notice.

Persal Number	
Identity Number	

* Bank	
* Branch (Street) City	
* Controlling branch code	
* Account Number	
* Tel No of Bank	
* Fax No of Bank	

* To be completed by the Bank

Indicate with an "X"	Savings Account	Current Account	Transmission Account

Applicant's signature

Rank

Date

I confirm as the paymaster that this form has been correctly completed by the rightful person, and
that the applicant is employed in my institution.

Paymaster's signature

Rank

Date

Paymaster's Surname & Initials : _____

OFFICIAL DATE STAMP

BANK DATE STAMP



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Education
PROVINCE OF KWAZULU-NATAL

ELECTION FORM : PAYMENT OF THE 13TH CHEQUE / SERVICE BONUS

SURNAME : _____

INITIALS: _____

RANK : _____

PERSAL No. _____

DISTRICT : _____

NAME OF SCHOOL/COMPONENT: _____

I hereby elect to change the date of payment of my 13th cheque/service bonus with effect from 1 March 2016 to the salary pay date of the month as indicated with an "X" hereunder:

JANUARY	
FEBRUARY	
MARCH	
APRIL	
MAY	
JUNE	

JULY	
AUGUST	
SEPTEMBER	
OCTOBER	
NOVEMBER	
DECEMBER	

I understand that this is a once-off election which is irrevocable.

EMPLOYEE SIGNATURE

DATE

DECLARATION

I _____ hereby declare that I am accepting my contract of employment in the Department of Education without any expectation for a future permanent absorption or automatic permanent retention into the post I am currently occupying or any other post in the Department.

I further declare that this dispels any possible legitimate expectation that may arise on my part and I pledge to apply and contest for any post in the Department that may be advertised in due course within the Department.

Signed on this _____ day of _____ 2010 at _____

Signature of official

WITNESSES

Name

Signature

Name

Signature



Application for Employment

<p>WHAT IS THE PURPOSE OF THIS FORM</p> <p>To assist a government department in selecting a person for an advertised post.</p> <p>This form may be used to identify candidates to be interviewed. Since all applicants cannot be interviewed, you need to fill in this form completely, accurately and legibly. This will help to process your application fairly.</p> <p>WHO SHOULD COMPLETE THIS FORM</p> <p>Only persons wishing to apply for an advertised position in a government department.</p> <p>ADDITIONAL INFORMATION</p> <p>This form requires basic information. Candidates who are selected for interviews will be requested to furnish additional certified information that may be required to make a final selection.</p> <p>SPECIAL NOTES</p> <p>1 - All information will be treated with the strictest confidentiality and will not be disclosed or used for any other purpose than to assess the suitability of a person, except in so far as it may be required and permitted by law. Your personal details must correspond with the details in your ID or passport.</p> <p>2 - Passport number in the case of non-South Africans.</p> <p>3 - This information is required to enable the department to comply with the Employment Equity Act, 1998.</p> <p>4 - This information will only be taken into account if it directly relates to the requirements of the position.</p> <p>5 - Applicants with substantial qualifications or work experience must attach a CV.</p>	A. THE ADVERTISED POST				
	Position for which you are applying (as advertised)		Department where the position was advertised		
	Reference number (as stated in the advert)		If you are offered the position, when can you start OR how much notice must you serve with your current employer?		
	B. PERSONAL INFORMATION				
	Surname				
	First Names				
	Date of Birth				
	ID number ²				
	Race ³	<i>African</i>	<i>White</i>	<i>Coloured</i>	<i>Indian</i>
	Gender ³		<i>FEMALE</i>	<i>MALE</i>	
Do you have a disability? ³		<i>YES</i>	<i>NO</i>		
Are you a South African Citizen?		<i>YES</i>	<i>NO</i>		
If no, what is your Nationality					
And do you have a valid work Permit?		<i>YES</i>	<i>NO</i>		
Have you ever been convicted of a criminal offence or been dismissed from employment? ⁴		<i>YES</i>	<i>NO</i>		
If your profession or occupation requires State or official registration, provide date and particulars of registration.					
C. HOW DO WE CONTACT YOU					
Preferred language for correspondence?					
Telephone number during office hours		()			
Preferred method for correspondence	Post	E-mail	Fax		
Correspondence contact details (in terms of above)					