

**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