

# KWAZULU-NATAL DEPARTMENT OF EDUCATION

## REQUEST FOR THE APPOINTMENT OF AN INSTITUTION-BASED EDUCATOR TO ACT IN A HIGHER POST

### PART A : TO BE COMPLETED BY THE HEAD OF INSTITUTION

1. Details of Educational Institution:

Service Centre : ..... District: .....  
Circuit : ..... Institution: .....

2. Details in respect of staff establishment of the institution :

Number of existing educators: Post level 1 : .....  
Post level 2 : .....  
Post level 3 : .....  
Post level 5 : .....

3. Details in respect of the higher post to which an acting appointment is being sought :

Post Level : ..... Date Available : .....  
Reason/s for being available: .....

4. Details in respect of the previous/existing incumbent of the higher post (if applicable):

Name: ..... PERSAL No. ....  
Work Station: .....

5. Details in respect of the educator nominated to act in the higher post:

Name: ..... PERSAL No. ....  
Present Work Station: .....

6. Is this educator willing to act in the higher post?

YES	NO
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(written confirmation from the educator concerned must be enclosed)

**HEAD OF INSTITUTION:**

INITIAL/S & SURNAME : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

DATE : \_\_\_\_\_

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**PART B: TO BE COMPLETED BY CHAIRPERSON OF THE SCHOOL  
GOVERNING BODY/FET COUNCIL/HEAD OF INSTITUTION.**

The appointment of the educator to act in the higher post is recommended/not recommended.

**CHAIRPERSON: GOVERNING BODY/FET COUNCIL/HEAD OF INSTITUTION**

INITIAL/S & SURNAME : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

DATE : \_\_\_\_\_

**PART C : TO BE COMPLETED BY THE DISTRICT MANAGER (DM)**

I certify that the appointment of the educator to act in a higher post is justified in accordance with the measures pertaining to acting appointments and that the acting appointment is being effected against a higher post.

The acting appointment is approved/not approved.

Remarks:.....  
.....

**DISTRICT MANAGER (DM)**

INITIALS & SURNAME : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

DATE : \_\_\_\_\_

**PART D : TO BE COMPLETED BY HUMAN RESOURCE COMPONENT**

I certify that this request is in accordance with the measures pertaining to acting appointment and that the acting appointment is being effected against a higher post.

**HUMAN RESOURCE PERSONNEL COMPONENT**

INITIALS & SURNAME : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

DATE : \_\_\_\_\_

*Handwritten mark*

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**ACTING APPOINTMENT LETTER**

I wish to advise you that it has been approved that you be appointed to act in the higher post of \_\_\_\_\_ with effect from \_\_\_\_\_ and until further notice but not exceeding 12 months. You are however, required to note that this appointment may be terminated at any time by either party by giving 24 hours written notice.

You will be required to execute all the duties and responsibilities attached to the higher post for the duration of the acting appointment.

Whilst acting in this post an acting allowance of R\_\_\_\_\_ per month will be payable to you. This appointment should not create an expectation for permanent appointment when the post is advertised

I trust that you will make a meaningful contribution in this post.

**MANAGER: HRSS  
SERVICE CENTRE**



## LETTERHEAD

(IT MUST BE ENSURED THAT THIS LETTER IS ISSUED TO THE  
EDUCATOR CONCERNED BY GIVING 24 HOURS NOTICE)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir/Mad am ,

**RE : TERMINATION OF ACTING APPOINTMENT**

I wish to advise you that your acting appointment to the post of \_\_\_\_\_ will be terminated with effect from \_\_\_\_\_ for the following reason/s marked with a cross hereunder:

- ☐ Post has been advertised for filling in a permanent capacity
- ☐ Post is to be filled in a permanent capacity
- ☐ Post is to be abolished in keeping with due Post Provisioning Norm (PPN)
- ☐ The permanent incumbent has resumed duties
- ☐ Other (specify)

I wish to thank you for your meaningful contribution while acting in the post.

Kindly acknowledge receipt of this letter by signing a copy hereof.

Yours faithfully,

\_\_\_\_\_  
**MANAGER: HRSS  
SERVICE CENTRE**

