



Address:

UT / ID Number

Date:

Human Resources Division
Stellenbosch University
Private Bag X1
MATIELAND
7602

ACCEPTANCE OF EXTENDED APPOINTMENT

I, _____, the undersigned acknowledge that I

- accept the extension of appointment as _____
in the Division/Department/Faculty _____
until (dd/mmm/yyyy) _____,
- understand the full implications of the composition of my cost of employment,
- have received and read, and accept the attached documentation,
- deem myself bound to all the conditions of employment, acts, codes, and procedures as well as the regulations of the University.

SIGNATURE

NAME