

SIYATHEMBA



MUNISIPALITEIT

MUNICIPALITY

APPLICATION FOR ANNUAL INTERNAL STUDY BURSARY AND CONTRACT OF SERVICE DELIVERY

A. PARTICULARS OF STAFF MEMBER

1) Name:	2) Personnel No:
3) Department:	4) Job designation:
5) Date of appointment:	6) ID number:
7) Field of study / qualification:	
8) Generally accepted period of time to complete the studies and obtain the qualification:	
9) Educational / professional institution:	
10) Study details (documentary proof must be attached):	

No.	Complete curriculum of field of study to obtain qualification (list all subjects / courses)	Subject/courses already passed and/or failed and year. Clearly indicate in respect of which subject an municipality bursary had already been paid			Subject/courses relevant to the bursary being applied for with registration and tuition fees	
		Subjects/courses	Year	Municipal bursary and amount paid	Subjects/courses	Registration/ tuition fees
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
Documentary proof of registration / tuition fees payable must be attached:					Sub total	R _____
					Study books (see item A.11)	R _____
					Total bursary amount	R _____

11) Details and expenses iro study books (proof must be attached) (actual to a maximum annual amount as determined):

B. APPLICATION, UNDERSTANDING AND AUTHORIZATION

I hereby apply for an annual internal study bursary in terms of the municipality's internal study bursary policy, and certify that the above information is factually correct, that proof of registration / supporting statements and documents are attached, and that the field of study is work related. I accept that the bursary for a specific subject/course will only be paid once, and that the bursary or parts thereof may not be claimed and paid for subjects already passed, or for subjects / courses that I had failed (repetition subjects / courses). I fully accept that in cases where I have failed bursary subjects / course, I will have to repeat and pass such subjects / course at own expense, and that the continuation of my bursary may also be suspended by the municipality study progress not be satisfactory, in which case I will repay the relevant bursary amount to the municipality immediately. I undertake to furnish the municipality with official proof of examination results with five (5) working days after the results of any bi-annual / annual /other examinations have been made known by the relevant institution / authority. I furthermore undertake to notify the municipality immediately upon discontinuation of my studies / or parts thereof. Should I discontinue my studies, or leave the municipality's service for whatever reason before the expiry of my service contract period (as determined in section C), except as a result of my death or my permanent medical disablement, I undertake to repay to the municipality, immediately on termination of service, or within 20 working days in the case of discontinuation of studies or failure to repeat subjects at own expense, or suspension of the bursary, by way of this authorization of a deduction of monies due to me, and/or as a direct payment, the full bursary amount paid to me, or a pro-rata part thereof, based on the number of months of completed service-delivery, as determined by the municipality.

NAME: _____ **SIGNATURE:** _____

DATE: _____

WITNESSES NAME: _____ **SIGNATURE:** _____

DATE: _____

C. UNDERTAKING AND CONTRACT OF SERVICE DELIVERY

I hereby undertake to render continued services to the municipality, in my present, or such other capacity that I might be appointed in, for a period of at least 24 months, as follows:

- All staff members - undergraduate studies - concurrently with the period of study.
- All staff members - graduate/post-graduate studies - beginning after completion of the study year.

I accept that my service obligation, as determined above, can not be redeemed simultaneously with any other service obligation which may rest on me. This contract shall also not absolve me from any obligation in terms of any other undertaking(s) and/or agreement(s), which I have entered into with the municipality.

NAME: _____ **SIGNATURE:** _____

DATE: _____

WITNESSES NAME: _____ **SIGNATURE:** _____

DATE: _____

D. RECOMMENDATION BY HEAD OF DEPARTMENT

I certify that:

- μ A study bursary for the subject(s) applied for has not been paid previously
- μ Information and supporting documents are correct
- μ Field of study is work related and in the interest of the Municipalities business
- μ Satisfactory proof of registration / supporting statements have been submitted
- μ The institution is a recognised educational/professional institution

Application recommended and that a study bursary be paid to the staff member / relevant institution as follows:

Registration:	R _____	Study books:	R _____
		<i>(Actual expenses to a maximum annual amount as determined)</i>	
Tuition:	R _____		
Total:	R _____	Total:	R _____
		Grand Total:	R _____

Application not recommended and reasons:

HEAD OF DEPARTMENT

DATE

E. APPROVAL BY MUNICIPAL MANAGER

- μ Sufficient funds are available on the budget:
- μ The application for study bursary is approved: (R _____ Reg./Tuition) (R _____ Study books).
- μ Please pay the approved amount of R _____ to the relevant institution
- μ Please pay the approved amount of R _____ to the staff member (i.r.o. study books)
- μ The application is not approved and reasons:

MUNICIPAL MANAGER

DATE

F. ADMINISTRATIVE ARRANGEMENTS BY HEAD OF DEPARTMENT

μ Determination of contract period in months *O*

- concurrently *O*

or

- after completion of study year *O*

μ Bursary payment verified iro previous payments (subjects previously paid for, courses repeated, etc.) *O*

HEAD OF DEPARTMENT

DATE

G. FINANCIAL COMPONENT

μ The information captured on financial system: *O*

μ PAYMENT MADE: R _____ TO: _____

μ PAYMENT MADE: R _____ TO: _____

CHIEF FINANCIAL OFFICER

DATE

H. EXAMINATION RESULTS RECORDED BY HUMAN RESOURCE SECTION

μ Examination results of bursary subjects / courses received on _____ *O*

μ Recorded on system *O*

μ Comments:

CORPORATE MANAGER

DATE