

DISCONTINUATION OF SERVICE FORM FOR TEMPORARY STAFF

A. PERSONAL DETAILS

UT Number: Last working day:

Department:

Reason for leaving employment (e.g. resignation/retrenchment/dismissal):
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Name: Surname: Title:

Date of birth: ID/passport number:

Telephone number (h): Cell phone number:.....

Telephone number (w): Email address:

B. RETURNING UNIVERSITY PROPERTY

Any of the following items in my possession will be returned to the relevant divisional / departmental head before my retirement:

- Keys:

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- Clothing, such as uniforms:

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- Identification card/access permit:

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- Any other university property:

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Arrangements have been/are being made for the above items to be returned before my last day of employment.

C. BENEFITS

If any of your benefits such as your medical scheme cover or gap cover was facilitated through Stellenbosch University, please remember to make arrangements with regards to continuing with the products should you wish to continue with the products.

D. INFORMATION TECHNOLOGY

Access to all Stellenbosch University systems will be revoked, including access to your @sun.ac.za e-mail. Arrangement must be made to remove all private content before the last day of work. Once access is revoked, information cannot be retrieved.

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DATE

.....
SIGNATURE

E. DIVISIONAL HEAD / DEPARTMENTAL CHAIRPERSON

Comments:

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DATE

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SIGNATURE