

APPLICATION FOR EXTERNAL WORK

Title / Name of Applicant	
Job Title	
UT Number	
Department / Division / Unit	

Nature and scope of private work			
Period : 3/5 Year			
Hours per week / month			
Name, Surname: Dean / Line Manager		Date	
Signature		Date	

<input type="checkbox"/>	Academic Staff
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————— OR —————

<input type="checkbox"/>	Support Staff
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Approval / Signature Chief Director : Human Resources Mr VL Mothobi		Approval Date	
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