



To: The Head of Department

ASSUMPTION OF DUTY CERTIFICATE: EXTENSION OF CONTRACT OF TEMPORARY PL 1 EDUCATOR

I, _____ (Initials and Surname), Principal of _____ School, hereby declare that the following PL 1 Educator, appointed on a temporary basis against a substantive vacant post of Educator (PL1)/Head of Department (PL2) (delete non appropriate post) in terms of Section 7(2)(b) of the Employment of Educators Act, 1998 assumed duty as indicated below:

First Name(s)													
Surname									Initials				
ID Number													
PERSAL Number													
Date of assumption of duty					Day					Month	2017		
							

Note:

The date of assumption of duty must correlate with the dates in the attendance register of the school for future audit purposes.

Name of Principal		Signature and Date	
Name of EDO		Signature and Date	
Name of District Director		Signature and Date	

SCHOOL STAMP