

WORKING BACK AGREEMENT

I				the un	dersigned.
(Full na	ame/s & surname)				-
	accept the approved benefit or description of conference/se			for the purpos	se of:
Person	nel Number:				
ID Num	nber:				
Depart	ment:				
-	agree to work back, in the form e completion date of the confe		•		, starting
Start da	ate of conference/seminar/cour	se: Day	Month	Year	
Comple	etion date of conference/semina	ar/course: Day	Month	Year	
unders	I resign from the UFS prior tand and accept that I will be I remaining period.			,	
SIGNE	D at	_on this	day of	20	
Signatu	ure of applicant				
1.			2		
	(Signature)		(Signature)		

<u>Amount</u>		Work-back period Amount		Work-back period	
R0 – R10 000	=	Not applicable	R10 001 - R30 000	=	6 months
R30 001 – R50 000	=	1 year	R50 0001 – R70 000	=	1.5 years
R70 001 – R99 999	=	2 years	R100 000 +	=	3 years