



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
EDUCATION

LIMPOPO DEPARTMENT OF EDUCATION

ANNEXURE B

ASSUMPTION OF DUTY:

Name of Educator:.....ID No:.....

PERSAL Number:.....

Actual date of assumption of duty:.....

Name of present school/institution:.....

Name of present chairperson of Governing Body:.....

Date of last termination of service:.....

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PRINCIPAL: SIGNATURE

DATE

COMMENTS BY CIRCUIT MANAGER:

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CIRCUIT MANAGER: SIGNATURE

DATE