



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
EDUCATION

PART II

THIS PART MUST BE COMPLETED AND SIGNED BY THE CHAIRPERSON OF THE GOVERNING BODY OF THE SCHOOL/INSTITUTION

Mr/Mrs/Ms.....is hereby recommended for appointment with effect from...../...../20.....subject to the approval of the Head of Department/Delegated Authority.

(a) As temporary with effect from/...../20.....

(b) As permanent but on probation with effect from...../...../20.....

(c) He/She is recommended for appointment in the place of.....
post(.....)who left the post on...../...../20/.....

(d) He/She is recommended for appointment in a temporary/permanent
post(.....).

.....
CHAIRPERSON OF GOVERNING BODY

.....
DATE



LIMPOPO

PROVINCIAL GOVERNMENT
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DEPARTMENT OF
EDUCATION

PART III

TO BE USED BY THE CIRCUIT MANAGER ONLY

To: District Director

Comment in relation to the process:

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.....

.....

.....

.....
CIRCUIT MANAGER

.....
DATE



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
EDUCATION

PART IV

**TO BE USED BY THE HEAD OF DEPARTMENT/DELEGATED AUTHORITY
ONLY**

The recommendation of the School Governing Body (SGB) is Approved/Not approved. Provide reasons if not approved:

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**HEAD OF DEPARTMENT/
DELEGATED AUTHORITY**

.....
DATE