

**APPLICATION TO PERFORM PRIVATE WORK OUTSIDE THE
STELLENBOSCH UNIVERSITY**

This application will be assessed in terms of the measures contained in the General Procedures for doing Private Work by Academic Staff **which will form part of the application and agreement.**

Section A

NAME: _____ UT NO: _____

JOB TITLE: _____

DEPARTMENT / DIVISION / UNIT: _____

INDICATE PROFESSIONAL BODY REGISTERED WITH (if applicable):

Section B

Estimated hours spent in Private Work:

I hereby apply to perform private work in terms of the policy guidelines. The nature of work and the sites and times at which the work will be performed are as follows: (describe in detail)

Off-site (Outside SU):

Site:

Nature of work:

Days/times:

An indication of number of hours per week (including travel time):

Section C

Detailed explanation of academic activities (especially publications) during the previous two years:

Section D

- I have familiarised myself with the contents of the policy document GENERAL PROCEDURE FOR PRIVATE WORK BY ACADEMIC STAFF, Faculty of Medicine and Health Sciences and I undertake to comply with the measures contained therein.
- I undertake to assist my Department / Division / Unit in meeting its core delivery objectives including overtime commitments (if applicable) which includes being on call (standby) (if applicable) as scheduled. I acknowledge that my first commitment is to meet the operational objectives of my **Department / Division**.
- I confirm that my performance of private work outside Stellenbosch University **will in no way interfere with my commitments to the Department / Division nor will it negatively impact on the achievement of the Stellenbosch University performance targets**. I confirm that private work performed outside the Institution will not take place during the core hours (07:30 to 16:00), in the case of joint staff / OSD remunerated staff. I am required for duties as agreed in my service contract / performance agreement, work plan (in case of Joint Staff). In the case of Joint Staff a work plan must accompany the application. **I understand that any and all such private work must be recommended by my Divisional Head / Executive Head / Division / Department and supported by the Divisional Head / Executive Head / Division / Department. In the case of Executive Heads applying to do Private Work the application must be recommended and supported by the Dean.**
- I accept that the total of private time to be worked by me per week may not exceed 8 hours per week and may be limited to a lesser time by my Division Head / Executive Head / Dean.
- I accept that I may be excluded from further participating in doing private work with immediate effect in the event of non-compliance with the measures attached to private work.
- I accept that permission to perform private work is only granted for the period of up to 36 months (12 months in the case of Joint Staff), approved by the private work committee and should the operational requirements at my Department / Division change during this period my employer may give a 1 month notice period for the termination of my participation in private work.
- I accept that I must timeously renew my application for private work should I wish to continue to perform such duties. In the case of applications from joint staff, a work plan must accompany the application.
- I accept that non-compliance with any of the conditions, monitoring or control measures pertaining to the performance of private work may lead to disciplinary action and that the sanction imposed may include forfeiture of remuneration gained by such non-compliant private work. The normal policy and measures of the University discipline apply, and in no way are superseded by the permission or withdrawal to perform private work.
- I agree not to exceed the hours of private work stipulated above or deviate from the sites or times applied for, and state the times that I perform private work in terms of this permission will be open for audit by the Stellenbosch University.
- The findings of any audit will enjoy the confidentiality of my employer unless any formal action is taken when the findings would enjoy the confidentiality of the formal disciplinary procedures.
- Alternate arrangements have been made in respect of the care of my “private work” patients outside my institution during my official hours of duty at my institution.
- I agree to abide by any control measures applicable to the private work system, this as part of the overall assessment of my performance. I remain accountable to the Divisional Head / Executive Head / Dean (in case of Executive Heads) who is tasked with the performance management assessment including the control, supervision and monitoring of private work.

SIGNATURE OF APPLICANT

DATE

Recommendation and comments by Divisional Head of Division and or Executive Head of Department:

Name of Divisional Head / Executive Head of Department
(Please print name)

SIGNATURE OF EXECUTIVE HEAD OF DEPARTMENT (Dean in case of Executive Head applications)

DATE