

FIXED TERM CONTRACT OF EMPLOYMENT BETWEEN:

_____ (hereafter referred to as The Company)
_____ (address)

And

_____ (hereafter referred to as The Employee)
_____ (ID number)
_____ (address)

You shall be employed as a replacement employee while an existing employee is off work. The period of this contract is from _____ to _____ or the date that the employee referred to returns to work. Please note that this is not a permanent contract of employment and there should be no expectation of permanent employment unless permanent employment is offered to you in writing. Once existing the employee has returned this contract shall automatically expire.

1. Accountability

You shall be accountable to _____, who will instruct you in your duties. In his/her absence you shall report to any other responsible person appointed by him/her.

2. Position

You are employed as _____. A copy of your job description is attached.

3. Remuneration

Your normal gross pay is R _____ per hour. You will be paid weekly or monthly on the last working day of each month. Relevant statutory deductions shall be made from your gross pay, such as UIF, income tax and any other relevant contributions such as provident fund or medical aid.

4. Termination of Services

Nothing prevents The Employer from terminating this relationship without notice for any reason relating to misconduct, incapacity or operational requirements.

5. Hours of Work

Normal working hours shall total 45 hours per week, excluding meal times. You shall be required to work shifts, including night shifts and over weekends. You are to follow the company clocking procedures. You shall be required to work overtime and on Public Holidays.

- 6. Breaks**
You are entitled to a lunch break of 60 minutes or a lunch break of 30 minutes and two 15 minute tea breaks.
- 7. Annual Leave**
You shall accrue annual leave at the rate of 1 day per 17 days in the employ of The Company.
- 8. Sick Leave Family Responsibility Leave**
If you are unable to attend to your duties on account of ill health, you are to notify Management on the first day of your absence 1 hour before the start of your shift. A Medical certificate is to be provided if you are absent for more than 2 days or if you are absent a day before or following a weekend or Public Holiday. You are entitled to 1 day's sick leave per 26 days worked.
- 9. Family Responsibility Leave (If applicable)**
After 4 months of employment you shall be entitled to 3 days family responsibility leave for the sickness of your child, the birth of your child or the death of a close family member i.e. parents, grandparents, children, grandchildren or siblings. Please note that proof of such illness, birth or death may be required.
- 10. Disciplinary Code and Grievance Procedure**
You shall be issued with a Disciplinary Code to which, in signing this letter, you agree to adhere. You shall be subject to the Disciplinary Code and procedure at all times. You shall be able to raise grievances or feelings of dissatisfaction through the Company Grievance Procedure.

We are pleased to have you as a valued temporary member of our staff and trust that our relationship will mutually beneficial.

Please sign the space provided to indicate that you understand and accept these conditions.

_____ (The Employer)

_____ (The Employee)

_____ (Date)