

**FTA FAX** 

## DEPARTMENT OF AGRICULTURE, FORESTRY AND FISHERIES INTERNATIONAL TRAINING AGREEMENT FORM

(To be completed by employees of the Department of Agriculture, Forestry and Fisheries)

1.	Whereas I, the undersigned	(full name) (hereinafter called th	ie em-
	ployee) born on (dat	e), an employee employed in the service of the St	tate in
	the Directorate	am desirous of participating in the international	train-
	ing programme/undertaking international stu	dy on (	(name
	of course).		

- 2. Therefore I undertake:
- 2.2 After I have completed the course, I shall serve DAFF for the same period of time that I spent on the training programme/study tour.
- 2.3 To repay immediately the cost incurred by the Department of Agriculture, Forestry and Fisheries for my international training programme, if I fail to comply with the provisions contained in clause 2.2 or if I leave the public service before expiry of the contract period.
- 3. I accept that:
- 3.1 Only annual leave on full pay, sick leave with full or part pay and special sick leave which shall be granted as a result of an injury on duty, shall be counted a service for completing the contract period.
- 3.2 If my obligations in terms of this undertaking cannot be fulfilled, owing to my death or if such obligations cannot, in the discretion of the department, be fulfilled, owing to the fact that I have become incapacitated by any mental or physical disability, any liability for the refund of any moneys which may be due in terms of this undertaking shall lapse. This concession shall be applicable only where the provision for clause 2.3 has not taken effect.
- 3.3 This undertaking shall not absolve me from any obligations in terms of any other undertaking(s)/ agreement(s) which I have entered/may enter into with the state. Periods of compulsory service resulting from and in terms of more than one undertaking/agreement, shall be served consecutively and in the order in which such undertaking(s)/agreement(s) were/are entered into.
- 3.4 This undertaking may be amended only with the written approval of both parties.
- 4. I elect as my *domicilium citandi et executandi* and for the purposes of any notice or for the service of any legal process arising out of this undertaking, the following address in the Republic of South Africa:

	Signature of the Employee				
	Date:				
	Witnesses				
	(a)	Directorate:	Date:		
	(b)	Directorate:	Date:		
5.	Name in full of Employer (Director)				
	Cignoture of the Employer				
	Signature of the Employer				
	Date:				
	Witnesses				
	, ,	Directorate:			
	(b)	Directorate:	Date:		
6.	Name in full of the employee approving the application:				
	Director: Sector Education and Training				
	Date:				
	Witnesses				
		Directorate:	Date:		
	` '	Directorate:			
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