

**Human Resources  
Management Guidelines  
for Schools**

Q&A

*"Every child is  
a national asset"*



**basic education**  
Department:  
Basic Education  
**REPUBLIC OF SOUTH AFRICA**



# Human Resources Management Guidelines for Schools

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- Introduction
- Purpose





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## 1. Introduction

The “Human Resources Management Guidelines for Schools” is a collection of critical procedures and templates/forms. It documents and communicates important HR procedures and templates/forms to school management, public educators and public service staff.

## 2. Purpose

The “Human Resources Management Guidelines for Schools” is a quick reference, user-friendly document that allows school managers, public educators and public service staff to access critical HR information and forms. It is aimed at alleviating confusion and anxiety that arises when employees do not know what to do with regard to human resources processes. It is also intended to promote consistency, continuity and understanding amongst all schools. The “Human Resources Management Guidelines for Schools” aims to eliminate time-consuming, expensive telephone calls and circulars; making the following of human resources procedures a hassle-free experience.



# Human Resources Management Guidelines for Schools

- Structure





### 3. Structure

The processes are divided into **Mandatory** processes and processes completed **ONLY when necessary**.

**Mandatory** processes include:

- Identification of staff vacancies
- Management of staff appointments
- Annual recording and maintenance of educator data
- Management of staff salaries
- Management of attendance
- Management of staff leave
- Management of educator qualifications and specialisations
- Management of educator workload and timetabling
- Management of educator performance using the Integrated Quality Management System (IQMS)
- Management of Performance using the Performance Management Development System (PMDS)

Processes completed **only when necessary** include:

- Management of staff relocation
- Management of staff resettlement
- Management of staff state guarantee for a home loan
- Management of injury on duty
- Management of staff housing allowance
- Management of staff laptop allowance
- Management of staff disciplinary procedures
- Management of staff termination of service
- Management of staff pensions
- Management of staff Subsistence & Travel (S & T)
- Management of educator training and development using the Continuous Professional Teacher Development (CPTD) system
- Management of public service training and development
- Management of staff bursaries

Each process consists of various activities and is described in terms of the following questions:

- Who is the process applicable to?
- What are the referral documents?
- What is the procedure?
- What are the audit requirements?
- Who is responsible?
- What are the templates/forms?

Suggested templates are included at the end of each process.



# Human Resources Management Guidelines for Schools

- **Critical Factors for the Implementation of HR Processes**
  - Responsibility
  - Registers
  - Templates





## 4. Critical Factors for the Implementation of HR Processes

### 4.1 Responsibility

The responsibility of verification of all documents that are submitted to the district office lies with the principal, even though s/he may delegate tasks to other members of staff. The principal verifies the completion of forms and the authenticity of documents via his/her signature.

The submission of the documents to the district office is the responsibility of the school administrator. S/he will complete the school register when submitting documents to the district office.

### 4.2 Registers

All submissions to the district office are tracked via a school register. A suggested template of a register is attached. It must be noted that registers must include details that are specific for certain documents eg. In a school register for state guarantees, a school may want to include the guarantee amount and the state guarantee reference number. Registers must be kept in a lock-up cabinet or strong room for five years before being disposed of. A school will decide whether to keep combined or individual school registers for different processes.

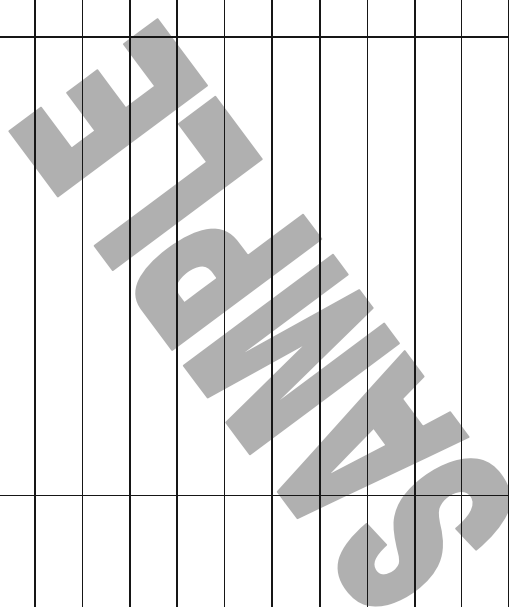
### 4.3 Templates

The templates that have been included are sample templates. Each template illustrates the minimum requirements as set out by the Department of Basic Education (DBE). Provinces may customize the templates for their unique context. The templates can be downloaded from the departmental website: [www.education.gov.za](http://www.education.gov.za). Templates from the DPSA ie. Pensions, IOD may be downloaded from the DPSA website: [www.dpsa.gov.za](http://www.dpsa.gov.za)

SCHOOL REGISTER

NAME OF SCHOOL:..... EMIS NO:..... YEAR:.....

No	Date of Entry	Type of Document/s	Name and Signature of Submitting document/s to District Office	Name and Signature of Person Receiving Document/s	Date Submitted to District Office
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					





# Human Resources Management Guidelines for Schools

- HR Processes at School Level
  - Mandatory Processes
  - Processes Completed only when Necessary





## 5. HR Processes at School Level

### 5.1 Mandatory Processes

- 5.1.1 Identification of staff vacancies
- 5.1.2 Management of staff appointment
- 5.1.3 Annual recording and maintenance of educator data
- 5.1.4 Management of staff salaries
- 5.1.5 Management of attendance
- 5.1.6 Management of staff leave
- 5.1.7 Management of educator qualifications and specialisations
- 5.1.8 Management of educator workload and timetabling
- 5.1.9 Management of educator performance using the Integrated Quality Management System (IQMS)
- 5.1.10 Management of the Performance Management Development System (PMDS)

### 5.2 Processes Completed only when Necessary

- 5.2.1 Management of staff relocation
- 5.2.2 Management of staff resettlement
- 5.2.3 Management of staff state guarantee for a home loan
- 5.2.4 Management of injury on duty
- 5.2.5 Management of staff housing allowance
- 5.2.6 Management of staff laptop allowance
- 5.2.7 Management of staff disciplinary procedures
- 5.2.8 Management of staff termination of service
- 5.2.9 Management of staff pensions
- 5.2.10 Management of staff Subsistence & Travel (S & T)
- 5.2.11 Management of educator training and development using the Continuous Professional Teacher Development (CPTD) system
- 5.2.12 Management of public service training and development
- 5.2.13 Management of staff bursaries



## 5.1 Mandatory Processes

### 5.1.1 Process: Identification of staff vacancies

The actual recruitment process is undertaken at provincial level and the educator and public service staff is appointed by the province.

#### Who is this process applicable to?

- Public service staff
- Public educators

#### What is the procedure?

- The principal completes the **Educator Utilization Report**.
- Based on the analysis of the **Educator Utilization Report**, the principal must reconcile vacancies with educator qualifications and subject specializations; identify the gaps in learning areas and the educator shortages that exist.
- For educator vacancies, the principal analyses the utilization report to redeploy educators within the school to accommodate the learning areas that exist.
- For public service staff vacancies the organizational structure is utilized to reconcile vacancies with staff qualifications and skills, to identify the staffing requirements and vacancies that exist.
- From the identified gaps in learning areas that require educators, the principal must ascertain if a vacant post exists on post provisioning, (post provisioning is done by the province or a school SGB can create a post) the post requirements and compiles a **School Vacancies List**. For public service staff vacant posts, a **School Vacancies List** is also compiled.
- For the identified vacant educator post, the principal completes the **Educator Post Advertisement Form**.
- For the identified vacant public service staff post, the principal completes the **Public Service Staff Post Advertisement Form**.
- **For schools using a computerised school administration package (such as SA-SAMS);**  
The **Educator Post Advertisement Form/Public Service Staff Post Advertisement Form** may be completed on the school computerised administration package which directly extracts results from the **Educator Utilization Report** and **School Vacancies List** and is printed out for signing.
- The principal approves and signs the completed **Educator/Public Service Staff Post Advertisement Form**.
- The school administrator ensures that the completed **Post Advertisement Form** is verified and signed by the principal.
- The school administrator makes a copy of the relevant form and files it in the school profile file and stores it in the strong room.

- The school administrator submits the completed **Post Advertisement Form** to the district office for capturing on PERSAL together with the **Educator Utilization Report**.

#### What are the audit requirements?

- Copies of the completed **Post Advertisement Forms**, the **School Vacancies List** and the **Educator Utilization Report** must be available for audit purposes at the school.
- Copies of the **Post Advertisement Forms**, the **School Vacancies List** and the **Educator Utilization Report** must be retained for a period of 5 years after the relevant academic year.

#### Who is responsible?

- The principal completes and verifies the **Educator/Public Service Staff Post Advertisement Forms, School Vacancies List** and the **Educator Utilisation Report 10 days after the start of the academic year or 1 day after a post becomes vacant**.
- The school administrator submits the **Educator/Public Service Staff Post Advertisement Forms** and the **School Vacancies List** to the district office **15 days after the start of the academic year or 2 days after a post becomes vacant**.

#### What are the templates/forms?

- Educator Post Advertisement Form
- Public Service Staff Post Advertisement Form



## EDUCATOR POST ADVERTISEMENT

EMIS NO:.....

**PART A: SCHOOL DETAILS**

Name of school:.....

Educational region:..... Educational district:.....

Circuit:..... Municipality:.....

Type of school:..... Total number of learners enrolled .....

Medium of instruction at school (e.g. Afrikaans, English, Sesotho).....

**PART B: POST DETAILS**

Details of previous occupant		Post level	Phase	Subjects Taught	Grades to be taught
Name	PERSAL				

.....  
Principal's name

.....  
Signature

.....  
Date

## PUBLIC SERVICE STAFF POST ADVERTISEMENT

EMIS NO:.....

**PART A: SCHOOL DETAILS**

Name of school:.....

Educational region:..... Educational district:.....

Circuit:..... Municipality:.....

Type of school:..... Total number of learners enrolled .....

**PART B: POST DETAILS**

Details of previous occupant		Rank	Grade
Name	PERSAL		

.....  
Principal's name

.....  
Signature

.....  
Date



### 5.1.2 Process: Management of staff appointment

#### Who is this process applicable to?

- Public service staff
- Public educators

#### What are the referral documents?

- Employment of Educators Act of 1998.

#### What is the procedure?

- The school receives all the qualified applications from the district office and files it in the school interview file.
- The school administrator notifies all the short-listed candidates of the interview at least 5 working days before the interview.
- The interview committee is formed, which comprises of the principal, district official, members from the SGB and union representatives.
- The interview is held at the school and the committee recommends the successful candidates in order of priority on the **Candidate Interview Form**.
- All members of the interview committee sign the **Candidate Interview Form** and compiles and signs the **Interview Results Form**.
- A copy of the forms is filed in the school interview file at the school and stored in the strong room.
- The original signed form is forwarded to the district office with the supporting documentation.
- The supporting documentation include the following:
  - Applicant's CV
  - Certified copies of qualifications
  - Certified copy of ID document
- The school receives the appointment letter from the district office after the district receives it from the provincial office.
- The principal forwards the letter to the relevant educator/public service official.
- If the educator/public service official accepts the appointment, he/she compiles an acceptance of appointment letter and submits it to the school.
- On the day of assumption of duty the newly appointed official completes an **Assumption of Duty form** and a **Banking Form**. For educators, the **Educator Information Form** must also be completed.
- **For schools that use a computerised administration package (e.g. SA-SAMS); the Assumption of Duty form and Banking Form** can be completed on the computerised package and printed out for signing.

- The **Banking Form** must be stamped by the financial institution and signed by the official and the principal together with the **Assumption of Duty form**.
- The school administrator creates a new personal file for the official.
- The school administrator makes a copy of the acceptance of appointment letter, **Assumption of Duty form** and a **Banking Form** and files it in the official's personal file.
- The original letter and forms are forwarded to the district office for capturing on PERSAL.

#### What are the audit requirements?

- A copy of the completed **Candidate Interview Form, Educator Information Form, Assumption of Duty Form, Banking Form** and supporting documentation of the official must be available for audit purposes at the school.
- **The candidate Interview Form, Educator Information Form, Assumption of Duty Form, Banking Form** and supporting documentation must be retained for a period of 5 years after the official has left the school.

#### Who is responsible?

- The official compiles a letter indicating acceptance of the post, completes the **Assumption of Duty Form** and **Banking Form on the day of assumption of duty**. The **Educator Information Form** must also be completed by educators only
- The official has the **Banking Form stamped** at his/her financial institution **within 3 days of assuming duty**.
- The principal completes and verifies the **Candidate Interview Form, Educator Information Form, Assumption of Duty Form and Banking Form on the day of assumption of duty of the educator/public service staff**.
- The school administrator submits the **Candidate Interview Form, Educator Information Form, Assumption of Duty Form and Banking Form** to the district **5 days after the day of assumption of duty of the educator/public service staff**.

#### What are the templates/forms?

- Educator Information Form
- Candidate Interview Form
- Assumption of Duty Form
- Banking Form
- Interview Results form
- Letter of Acceptance of Post and Assumption of Duty



**EDUCATOR INFORMATION FORM**

Note: This form must be completed in full. All changes to be initialed or signed by educator.										YEAR:							
Name of School:												School National EMIS Number:					
<b>EDUCATOR DETAIL (PLEASE MARK WITH AN X WHERE APPLICABLE)</b>																	
Title:														Initials:			
Surname:																	
First name:						Other names:											
Home language:	Afrikaans		English		IsiNdebele		Sepedi		SiSwati		Xitsonga		Tshivenda				
	Setswana		IsiXhosa		IsiZulu		SeSotho		South African Sign Language				Other				
Population group:		Black African		Coloured		Indian				White		Other					
Date of Birth:		YYYY		MM		DD		Gender:		Male		Female					
South African Identification No/Passport No:																	
Country of Residence:		South Africa		Other ( Name of the country)													
Citizenship of educator:		RSA				Permanent Residence											
PERSAL number:						SACE number:											

**ADDRESS AND CONTACT DETAILS OF EDUCATOR**

Physical Address of educator:				Home Telephone:							
				Emergency Telephone:							
Town/City:				Cell Phone:							
Postal code:		Province:		E-mail:							
Disability status:	Sight		Hearing		Physical		Multiple				
	Epilepsy		Other		None		Other disability:				

**EDUCATOR MEDICAL INFORMATION**

Medical aid number:		Medical aid name:	
Name of main member:			

*I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.*

Name of the Educator (Please Print): \_\_\_\_\_

Signature of the Educator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE TURN OVER AND COMPLETE**

EMPLOYMENT DETAILS													
Nature of appointment:				Permanent		Temporary				Substitute			
				Duration of appointment:						Full-time		Part-time	
Post level:		1	2	3	4	Personnel category		Principal		Deputy Principal			
HoD	Educator			SNE Educator		Remedial Educator		Other					
Remuneration:				State		School Governing Body (SGB)							
Specify subjects and teaching level you are qualified to teach (refer to attached annexure for subject codes)													
Subject codes qualified to teach				Subject names				Current teaching subject (indicate Y/N)		Current teaching level			
Qualified teaching level:				Pre-Grade R				Grade R		Primary			
Intermediate				Secondary				Remedial / Special		Other			
Total Years of teaching experience:													
QUALIFICATION DETAILS													
Qualification category:		Without Matric and no training at all				REQV 10 (matric, no training)							
		REQV 11 (Std 6,7,8,9 + *2 years training)				REQV 12 (Matric + *2 years training) B Sc, etc)							
		REQV 13 (Matric + *3 years BA,				REQV 14 (Matric + *4 years training)							
		REQV 15 (Matric + *5 years training)				REQV 16 (Matric = *6 years training)							
		REQV 17 (Matric + *7 years training)											
Qualification type: (refer to the attached annexure for qualification details)		Professional teaching qualification				Post professional teaching qualification							
		First academic qualification				Post graduate qualification							
<p>I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.</p> <p>Name of the Educator (Please Print): _____</p> <p>Signature of the Educator: _____ Date: ____/____/____</p>													



## CANDIDATE INTERVIEW FORM

TARGETED POSITION		DATE	
CANDIDATE NAME		INTERVIEWER	

Competency	Questions	Weight	Score		Notes
Introduction	Q1:				
<b>TECHNICAL COMPETENCIES</b>					
1.	Q2: Q3:				
2.	Q4: Q5: Q6: Q7:				
3.	Q8:				
Competency	Questions	Weight	Score		Notes
<b>BEHAVIOURAL COMPETENCIES</b>					
4.	Q9: Q10:				
<b>GENERAL</b>					

TOTAL SCORE: /30

INTERVIEWER'S SIGNATURE:

## LETTER OF ACCEPTANCE OF POST AND ASSUMPTION OF DUTY

[I, ..... hereby declare that I accept / do not accept the post, salary particulars and service benefits as outlined in my letter of appointment / promotion / transfer dated .....

I will be able to assume duty on .....

.....  
**Candidate**

Date:.....

SAMPLE

G.P.-S. 81/112494

81/112494 (Z 56)



Republiek van Suid-Afrika  
Republic of South Africa

**AANSOEK OM SALARIS IN BANKREKENING TE STORT  
APPLICATION TO PAY SALARY INTO BANKING ACCOUNT**

Die Rekenpligtige Beampte  
The Accounting Officer

\*Departement/Administrasie van  
Department/Administration of.....

Ek,  
I,.....  
(Volle naam in blokletters/Full name in block letters)

versoeek u hierby om tot nader kennisgewing my netto salaris in die kredit van \*my/my eggenoot/my eggenote se rekening by ondergenoemde  
hereby request you to pay my net salary to the credit of \*my/my husband's/my wife's account at undermentioned \*Bank/Building Society until

\*Bank/Bouvereniging te stort.  
further notice.

I.D. No.																				
Salaris Verwysing No. Salary Reference No.																				
*Bank/Bouvereniging *Bank/Building Society																				
Tak (straat) Branch (street)																				
Beheertakkode Controlling branch code																				
Rekening No. Account No.																				

Dui met 'n "X" aan: SPAARREKENING  LOPENDE REKENING  TRANSMISSIEREKENING   
Indicate with an "X": SAVINGS ACCOUNT CURRENT ACCOUNT TRANSMISSION ACCOUNT

\* Skrap wat nie van toepassing is nie.  
\* Delete which is not applicable.

.....  
Handtekening/Signature

.....  
Rang/Rank

Datumstempel van Bank/Bouvereniging Bank/Building Society Date Stamp
---



### 5.1.3 Process: Annual recording and maintenance of educators

#### Who is this process applicable to?

- Public educators

#### What are the referral documents?

- None

#### What is the procedure?

##### *Recording of new Educators at the school:*

- Each new educator completes a basic **Educator Information Form**, dates and signs it.
- The educator submits the completed **Educator Information Form** and certified copies of the required supporting documents to the school administrator.
- The required supporting documentation include:
  - A certified copy of ID document or passport for foreign educators
  - A certified copy of the appointment letter
  - A certified copy of the acceptance letter
  - Certified copies of all qualifications related to the post held by the educator
  - A certified copy of his/her SACE registration certificate
- The school administrator ensures that the completed **Educator Information Form** is verified and signed by the principal.
- For schools using a computerised school administration package (such as SA-SAMS); the school administrator captures the information onto the computerised administration package.
- The school administrator makes a copy of the relevant forms and supporting documentation which must be attached to the Annual Notification of Educators at School Form.
- The school administrator completes the **Annual Notification of Educators at School Form** and submits the attached **Educator Information Forms** and copies of any relevant documentation under the cover of the **Annual Notification of Educators at School Form** to the district office. Schools using a computerised system may print out this completed form and attach the supporting documentation.
- Schools without a computerised system must complete the form manually.
- Copies of the signed educator forms and supporting documentation are filed in the educator's personal file at the school and stored in a strong room.

**Recording of Educators returning to the school:**

- For schools using a computerised school administration package (such as SA-SAMS): the school administrator prints a pre-populated **Educator Information Form** for each returning educator containing the previous year's information.
- The forms are circulated to the relevant educators.
- The educator checks the pre-printed form and updates it where necessary with the latest information. For schools that are not computerised, each returning educator must receive a blank **Educator Information Form** for completion as there will not be any pre-printed forms.
- The educator submits the completed **Educator Information Form** together with certified copies of relevant supporting documentation to the school administrator. Supporting documentation only needs to be submitted for updated data such as a new qualification or an amended ID document.
- The school administrator ensures that the updated **Educator Information Form** is verified and signed by the principal.
- The school administrator updates the information on the school's administration package.
- The school administrator completes the **Annual Notification of Educators at School Form** and submits the **Educator Information Forms** and certified copies of any relevant documentation under the cover of the **Annual Notification of Educators at School Form** to the district office. Schools using a computerised system may print out this completed form and schools that are not computerised should complete the form manually.
- Copies of the signed educator forms and supporting documentation are filed in the educator's personal file at the school and stored in a strong room.

**Who is responsible?**

- All educators complete the **Educator Information Form 10 days after opening of school at the start of the academic year.**
- The school administrator submits the completed/updated **Educator Information Forms** and the **Annual Notification of Educators at School Form, 15 days after opening of school,** to the district office.

**What are the audit requirements?**

- A completed **Annual Notification of Educators at School Form, Educator Information Form** and supporting documentation per employed educator must be available for audit purposes at the school.
- The **Annual Notification of Educators at School Form, Educator Information Form** and supporting documentation must be retained for a period of 5 years after an educator has left the school.

**What are the templates/forms?**

- Educator Information Form
- Annual Notification of Educators at the School Form

**ANNUAL NOTIFICATION OF EDUCATORS AT SCHOOL**

NAME OF SCHOOL:..... EMIS NO:.....YEAR: .....

ID Number	Surname	Name	Gender	Remuneration (SGB/State)	PERSAL Number

Total Number of Educator Information Forms:

Verified by:

.....  
Principal/Manager

.....  
Signature

.....  
Date



**5.1.4 Process: Management of staff salaries****Who is this process applicable to?**

- Public service staff
- Public educators

**What are the source documents?**

- None

**What is the procedure?**

- The principal collects all salary slips together with the **Payroll** from the district office 10 days before the staff is remunerated.
- The school administrator ensures that all the educators and public service staff at the school are listed on the **Payroll** and that officials that are listed are employed at the school.
- The school administrator delivers the pay slips to all educators and public service staff in the school.
- Each educator and public service staff signs the **Payroll** upon receiving their salary slip.
- Educators and public service staff that are listed on the **Payroll** and are not employed in the school are entered in the **Payroll Control Form** by the school administrator.
- Schools that use a computerised administration package can complete the **Payroll Control Form** on the computerised system and print the form for signing. Schools that do not use a computerised administration package must complete the form manually.
- The school administrator attaches a copy of the supporting documentation of the educators or public service staff that are listed on the **Payroll** and are not employed at the school.
- The supporting documentation to prove that the educator or public service staff is not employed at the school can include:
  - Transfer letter
  - Resignation letter
  - Certified copy of a death certificate
  - Letter / notification of dismissal
  - Final medical documents and reports
  - Proof of notification to return to school
  - Termination form
- If the educator or public service staff is not employed at the school and there is no supporting documentation, then the principal must compile and sign a letter to indicate that the educator is not employed at the school. The letter must be co-signed by the head of department or deputy principal.

- For educators or public service staff that have been absent for 14 consecutive working days without application for leave of absence, the Staff Disciplinary Procedure must be completed. Based on the outcome of that process and the approval of the dismissal of the educator or public service staff member, the official must be removed from the payroll.
- The school administrator ensures that the principal verifies, dates and signs the Payroll per month, and the **Payroll Control Form** when an employee that is not employed at the school is remunerated.
- The school administrator makes a copy of the signed **Payroll Control Form** and signed **Payroll** which are filed at the school in the school profile file and stored in a strong room.
- The school administrator submits the original signed **Payroll** to the district office every month and the original signed **Payroll Control Form** together with supporting documentation, salary slips for educators or public service staff that are not employed at the school and is remunerated for the month that this is detected.
- The payroll control form is submitted to district office 3 working days before educators are remunerated per month.

#### Who is responsible?

- The principal collects all salary slips together with the **Payroll** from the district office **10 days before staff is remunerated**
- The school administrator hands over salary slips to employees and employees acknowledge receipt by signing the **Payroll 8 days before remuneration**
- The school administrator completes the **Payroll and Payroll Control Form** and ensures that it is verified by the principal **5 days before remuneration.**
- The school administrator submits the original **Payroll, Payroll Control Form** and documents to the district **3 days before remuneration.**

#### What are the audit requirements?

- A copy of the signed **Payroll Control Form** and supporting documentation for educators and public service staff that are not employed at the school must be available for audit purposes at the school.
- A copy of the signed **Payroll Form** must be available for audit purposes at the school.
- The **Payroll and Payroll Control Form** must be retained for a period of 5 years after the relevant academic year.

#### What are the templates/forms?

- Payroll
- Payroll Control Form

**PAYROLL**

NAME OF SCHOOL:..... EMIS NO:..... YEAR:..... MONTH:.....  
 PAY GROUP:..... PAYPOINT:.....PAY DATE:.....

No.	Name of Employee	PERSAL number	Rank	Post Level	Signature	Date of Receipt
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Principal's Name:.....  
 Signature:.....Date certified:.....



### PAYROLL CONTROL FORM

NAME OF SCHOOL: ..... EMIS NO: ..... YEAR: ..... MONTH: .....  
 PAY GROUP: ..... PAYPOINT: ..... PAY DATE: .....

No.	Name of Employee	PERSAL number	Rank	Post Level	Reason for not Collecting Payslip	Type of Supporting Documentation Provided
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Principal's Name: .....

Signature: ..... Date certified: .....

### 5.1.5 Process: Management of educator attendance

#### Who is this process applicable to?

- Public educators

#### What are the referral documents?

- ELRC Resolution 7 of 2001 and subsequent ministerial determinations.

#### What is the procedure?

##### *Recording of daily educator attendance:*

- A school must have a **Daily Educator Attendance Register**. Each educator signs the register upon arrival at school every day. A school may also use a biometric recording system that scans an educator's finger print on arrival at school and saves the data to a database.
- The school administrator collects the register at 8:00 every day for safekeeping.
- The school administrator notifies the principal of all absentees for the day.
- If the school uses an online register, the principal logs onto the online system and records the daily attendance.
- If the school has a computerised administration system, the school administrator enters the educator absences onto the computerised system each day.
- A substitution timetable for the absent educators must be generated via the school computerised system or manually determined by the staff member in charge of timetabling.
- The substitution timetable is communicated to the learners and educators in the school by placing it at a central viewing point.
- Responsibility of an educator who is absent from school: (except for official leave that the educator previously communicated to the school):** The absent educator must contact the school administrator or school principal to notify the school of his/her absence and to provide a reason for his/her absence.  
If the educator does not contact the school, then the school administrator contacts the educator via telephone to verify his/her absence and establish a reason for absence (where possible).  
The school administrator records the absence and reason in the **Daily Educator Attendance Register**.

##### *Compiling monthly educator attendance return*

- The school administrator compiles the **Monthly Educator Attendance Return** for the previous month on the first day of the new month.
- The **Monthly Educator Attendance Return** must indicate:
  - Number of absences for the month per reason
  - Number of absences for the month per educator
- The school administrator ensures that the completed **Monthly Educator Attendance Return** is verified and signed by the principal.

- The principal identifies patterns on attendance and establishes if there are any attendance issues with an educator. S/he writes, dates and signs an **Educator Attendance Issue Report** on the educator.
- The signed monthly return and **Educator Attendance Issue Report** is filed at the school in the educator's personal file and stored in the strong room.
- Only if there are attendance issues, the school administrator forwards a copy of the **Educator Attendance Issue Report** to the district office.

#### ***Compiling quarterly educator attendance return***

- The school administrator compiles the **Quarterly Educator Attendance Return** on the last day of the quarter.  
Schools using a computerised system or schools that are online may print out the completed return.  
For schools without a computerised system, the school administrator manually compiles the return.
- The **Quarterly Educator Attendance Return** must indicate the:
  - number of absences for the quarter per reason;
  - number of absences for the quarter per educator
- The school administrator ensures that two copies of the completed **Quarterly Educator Attendance Return** are verified and signed by the principal.
- The first copy of the signed return is filed in the school profile file and stored in the strong room at the school.
- The other **Quarterly Educator Attendance Return** is submitted to the district office.

#### **Who is responsible?**

- All educators complete and sign the **Daily Educator Attendance Register before 08:00 each day.**
- The school administrator compiles the **Monthly Educator Attendance Return** on the **first day of the new month** and the **Quarterly Educator Attendance Return** on the **last day of the quarter** and submits the **Quarterly Educator Attendance Return** to the district.
- The principal verifies both the **Monthly and Quarterly Attendance Returns.**

#### **What are the audit requirements?**

- The **Daily Educator Attendance Register** must be kept in the school's strong room every school day for the current academic year and be available at all times for audit purposes.
- The **Monthly Educator Attendance Return** and **Quarterly Educator Attendance Return** must be retained at the school for five years after the end of the academic year to which it relates.

#### **What are the templates/forms?**

- Daily Educator Attendance Register
- Monthly Educator Attendance Return
- Quarterly Educator Attendance Return
- Attendance Issue Report



### DAILY EDUCATOR ATTENDANCE REGISTER

NAME OF SCHOOL: ..... EMIS NO: ..... PERIOD: ...../...../200.....

EDUCATORS NAME	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		Type For Absence	Supporting doc submitted	Absence Code
	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature			
1.	IN												
	OUT												
2.	IN												
	OUT												
3.	IN												
	OUT												
4.	IN												
	OUT												
5.	IN												
	OUT												
6.	IN												
	OUT												
7.	IN												
	OUT												
8.	IN												
	OUT												
9.	IN												
	OUT												
10.	IN												
	OUT												

Verified by: .....(Administrator/Principal)Signature: .....Date: .....

## MONTHLY EDUCATOR ATTENDANCE RETURN

NAME OF SCHOOL: ..... EMIS NO: ..... YEAR: ..... MONTH: .....

No	Educator Name	Week: 1					Week: 2					Week: 3					Week: 4					Week: 5					Total										
		Day1	Day2	Day3	Day4	Day5	Day1	Day2	Day3	Day4	Day5	Day1	Day2	Day3	Day4	Day5	Day1	Day2	Day3	Day4	Day5	Day1	Day2	Day3	Day4	Day5											
1.																																					
2.																																					
3.																																					
4.																																					
5.																																					
6.																																					
7.																																					
8.																																					
9.																																					
10.																																					
11.																																					
12.																																					
13.																																					
14.																																					
15.																																					
16.																																					
17.																																					
18.																																					
19.																																					
20.																																					
21.																																					
	Total attendance																																				
	Total working days																																				

Verified by: ..... (Principal) Signature: ..... Date: .....

### QUARTERLY EDUCATOR ATTENDANCE RETURN

NAME OF SCHOOL: ..... EMIS NO: ..... YEAR: ..... QUARTER: .....

No	Educator Name	NUMBER OF EDUCATOR PRESENCE IN THE QUARTER																	
		Month			Month			Month			Month								
		Wk	Wk	Wk	Wk	Wk	Wk	Wk	Wk	Wk	Wk	Wk	Wk						
1.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	Total	
2.																			Total
3.																			Total
4.																			Total
5.																			Total
6.																			Total
7.																			Total
8.																			Total
9.																			Total
10.																			Total
11.																			Total
12.																			Total
13.																			Total
14.																			Total
15.																			Total
16.																			Total
17.																			Total
18.																			Total
19.																			Total
Total attendance																			
Total working days																			

Verified by: ..... (Principal) Signature: ..... Date: .....

**NUMBER OF EDUCATOR ABSENCES IN THE QUARTER**

No	Educator ID No.	Educator Name	Month1		Month2		Month3		Month4		Total School Days	Total Absences
			School Days	Absences	School Days	Absences	School Days	Absences	School Days	Absences		
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												
13.												
14.												
15.												
16.												
17.												
18.												
19.												
20.												
21.												
22.												
23.												
24.												
25.												
Total days												



### ATTENDANCE ISSUE REPORT

Note: This report must be completed in full. All changes to be initialed or signed by Principal.										YEAR:			
Name of School:						School National EMIS Number:							
<b>EDUCATOR DETAIL (PLEASE MARK WITH AN X WHERE APPLICABLE)</b>													
Title:								Initials:					
Surname:													
First name:						Other names:							
Date of Birth:		YYYY		MM		DD		Gender:		Male		Female	
South African Identification No/Passport No:													
PERSAL number:						SACE number:							
<b>ATTENDANCE REPORT DETAILS</b>													
Period of report:				Date: ____/____/____ to Date: ____/____/____									
Reasons of Absence:				SAMPLE									
Number of days Absent:													
Number of days Present:													
Number of working days:													
<b>REMARKS</b>													
I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.													
Name Principal (Please Print): _____													
Signature of Principal : _____										Date: ____/____/____			

### 5.1.6 Process: Management of educator and public service staff leave

#### Who is this process applicable to?

- Public service staff
- Public educators

#### What are the referral Documents?

- Employment of Educators Act of 1998
- Public Service Act of 1994

#### What is the procedure?

- A **Leave of Absence Application Form** must be completed by each educator/public service staff to cover each absence.
- If you take leave unexpectedly, e.g. sick leave, family responsibility leave; complete, date and sign the **Leave of Absence Application Form** in triplicate within 2 days of returning to school.
- If you are aware that you will be taking leave, e.g. annual leave, maternity leave, study leave, etc; complete date and sign the **Leave of Absence Application Form**. Allow for a reasonable amount of time so that your supervisor may make the necessary arrangements.
- Employees wishing to apply for temporary incapacity leave must complete the application form prescribed in terms of the Policy and Procedure on Incapacity Leave and Ill-health Retirement (PILIR).
- The educator/public service staff completes, dates and signs the **Leave of Absence Application Form** in triplicate.
- For schools using a computerised system: the **Leave of Absence Application Form** can be completed electronically, and printed. Three signed and dated copies are required.
- For schools not using a computerised system: the educator/public service staff must complete the form in triplicate manually.
- The educator/public service staff submits the completed **Leave of Absence Application form** together with the relevant supporting documentation to the school administrator.
- The required supporting documentation is dependent on the reason of leave of absence in accordance with the Employment of Educators Act of 1998 or the Public Service Act of 1994.
- The supporting documents may include:
  - A medical certificate
  - Compensation for Occupational Injuries and Diseases (COID) forms
  - Legal adoption documents
  - Letter of acceptance from a tertiary institution
  - Examination time table

- The school administrator ensures the **Leave of Absence Application Form** is completed and that the relevant supporting documentation is submitted.
- The school administrator ensures that the principal approves and signs the completed **Leave of Absence Application Form**.
- The school administrator makes a copy of the relevant supporting documentation.
- For schools using a computerised system (e.g. SA-SAMS): the school administrator captures the leave of absence on the computerised school administration package.
- The school administrator submits the two signed copies of the **Leave of Absence Application Form** and the relevant documentation to the district office for capturing on PERSAL.
- The third signed copy of the **Leave of Absence Application Form** and the copy of the supporting documentation are filed in the educator's personal file and stored in the strong room.
- After the **Leave of Absence Application Form** has been captured on PERSAL by the district office, the school administrator receives a copy of the captured **Leave of Absence Application Form** from the district office.
- If the school does not receive the a copy of the captured leave form from the district office within one month from the date of submission to the district office, then the school administrator must make a written follow up with the district office.
- For schools using a computerised system: the school administrator updates the computerised school administration package to indicate that the leave has been captured on PERSAL
- For schools not using a computerised system: the school administrator updates the school register for leave taken manually to indicate that the leave has been captured on PERSAL.

#### Leave and absence reconciliation

- At the end of each week, the school administrator must check the daily register to ensure that there is a leave form to cover every absence (reconciliation of leave and absences).
- The school administrator enters the code for the type of leave taken on the **Daily Educator Attendance Register**.

#### Who is responsible?

- The educator completes a **Leave of Absence Application Form within 2 days of his/her return to school**.
- The principal approves the leave and signs the **Leave of Absence Application Form on the day of receipt of the form from the official**.
- The school administrator reconciles the **Leave of Absence Application Forms** with the attendance register at the end of each week.
- The school administrator fills in the codes for the leave taken in the school leave register.

- The school administrator submits the **Leave of Absence Application Forms** to the district office **within 4 days of receiving the leave forms**.

**What are the audit requirements?**

- One copy of the completed **Leave of Absence Application Form** and supporting documentation is filed in the official's personal file.
- The educator's/public service official's personal file must be retained in the strong room for five years after the educator/public service staff has left the school for auditing purposes.

**What are the templates/forms?**

- Leave of Absence Application Form – Z1



**APPLICATION FOR LEAVE OF ABSENCE**

<b>Surname:</b>		<b>Initials:</b>			
PERSAL Number:		Shift Worker	Yes	No	
Address during the leave period:  Tel. no.:		Casual Employee	Yes	No	
		Department			
		Component			
<b>Type Of Leave Taken As Working Days</b>	<b>Start Date</b>	<b>End Date</b>	<b>Number Of Working Days</b>		
Annual Leave					
Normal Sick Leave <input checked="" type="checkbox"/>					
Temporary Disability Leave					
Permanent Disability Leave					
Leave for Occupational Injuries and Diseases					
Specify Type of Illness					
Adoption Leave <sup>2</sup>					
Family Responsibility Leave (Provide Evidence)					
Special Leave					
Specify Type of Special Leave					
Leave For Union Office Bearers (Provide Evidence)					
<b>Type Of Leave Taken As Calendar Days/Months</b>	<b>Start Date</b>	<b>End Date</b>	<b>Number Of Calendar Days</b>		
Unpaid Leave (Provide motivation)					
Maternity Leave (Attach medical certificate)			No. of Calendar Months		
<p><i>I hereby certify that the information provided is correct. Any falsification of information in this regard may form ground for disciplinary action. Furthermore, I fully understand that if I do not have sufficient leave credits from my previous or current leave cycle to cover for my application, my capped leave as at 30 June 2000 will be automatically utilised.</i></p>					
..... <b>EMPLOYEE SIGNATURE</b>			..... <b>DATE</b>		
<b>Recommendation By Supervisor/Manager (Mark with X)</b>					
Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>	Rescheduled	<input type="checkbox"/>
<b>REMARKS (If not recommended please state the reasons &amp; the dates in the case of rescheduling):</b>					
..... <b>MANAGER'S/SUPERVISOR'S SIGNATURE</b>			..... <b>DATE</b>		
<b>Approval By Head of Department (Mark With X)</b>					
Approved With Full Pay	<input type="checkbox"/>	Approved Without Pay	<input type="checkbox"/>	Not Approved	<input type="checkbox"/>
<b>REMARKS (If approved with a change in condition of payment or not approved, please provide motivation):</b>					
..... <b>SIGNATURE OF HOD OR DESIGNEE</b>			..... <b>DATE</b>		
<b>DATA CAPTURING</b>					
CAPTURED BY: .....		CAPTURED ON: .....			
CHECKED BY: .....		CHECKED ON: .....			

1. Applications in respect of sick leave of three or more days must be accompanied by a medical certificate issued by a registered medical practitioner.

2. Applications for adoption leaves must be accompanied by a declaration on how the entitlement will be used in the case where both spouses are in the employ of the Public Service

### 5.1.7 Process: Educator qualifications and specialisations

#### Who is this process applicable to?

- Public educators

#### What are the referral documents?

- None

#### What is the procedure?

- Each educator completes an **Educator Qualification Form**, dates and signs it.
- The educator submits the completed and signed **Educator Qualification Form** and supporting documents to the school administrator.
- The required supporting documentation include:
  - Certified copies of all qualifications;
  - A certified copy of the SACE registration certificate
- The school administrator ensures that the completed **Educator Qualification Form** is verified and signed by the principal.
- For schools using a computerised school administration package (such as SA-SAMS): the school administrator captures the information onto the computerised administration package.
- The school administrator makes a copy of the relevant forms and supporting documentation to be attached to the **Annual Notification of Educators at School form**.
- The school administrator completes the **Annual Notification of Educators at School form** and submits the attached educator forms and copies of any relevant documentation under the cover of the **Annual Notification of Educators at School form** to the district office.  
 Schools using a computerised system: may print out this completed form and attach the supporting documentation.  
 Schools without a computerised system: must complete the form manually.
- A copy of the signed educator forms and supporting documentation are filed in the educator's personal file at the school and stored in a strong room.

#### Who is responsible?

- The educator completes the **Educator Qualifications Form** and attaches all supporting documentation only as a new educator or if there are any changes to qualifications **on the day s/he arrives at the school or when new qualification is obtained**.
- The principal verifies and signs **upon receipt** of the **Educator Qualifications Form**.

- The school administrator submits forms and documents to the district office **within 2 days of verification.**

### **What are the audit requirements?**

- A completed **Educator Qualification Form** and supporting documentation per employed educator must be available for audit purposes at the school.
- Forms must be retained for a period of 5 years after an educator has left the school.

### **What are the templates/forms?**

- Educator Qualifications Form
- Annual Notification of Educators Form



**EDUCATOR QUALIFICATIONS FORM**

Note: This form must be completed in full. All changes to be initialed or signed by educator.			YEAR:		
Name of School:				School National EMIS Number:	
<b>EDUCATOR DETAIL (PLEASE MARK WITH AN X WHERE APPLICABLE)</b>					
Title:				Initials:	
Surname:					
First name:				PERSAL NO.:	
<b>ADDRESS AND CONTACT DETAILS OF EDUCATOR</b>					
Physical Address of educator:				Home Telephone:	
				Emergency Telephone:	
Town/City:			Cell Phone:		
Postal code:		Province:			E-mail:
Disability status:	Sight		Hearing		Physical
	Epilepsy		Other		None
				Multiple	
				Other disability:	

<b>QUALIFICATION DETAILS</b>					
Qualification category:	Without Matric and no training at all		REQV 10 (matric, no training)		
	REQV 11 (Std 6,7,8,9 + *2 years training)		REQV 12 (Matric + *2 years training) B Sc. etc)		
	REQV 13 (Matric + *3 years BA,		REQV 14 (Matric + *4 years training)		
	REQV 15 (Matric + *5 years training)		REQV 16 (Matric = *6 years training)		
	REQV 17 (Matric + *7 years training)				
Qualification type: (refer to the attached annexure for qualification details)	Professional teaching qualification		Post professional teaching qualification		
	First academic qualification		Post graduate qualification		
<p>I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.</p> <p>Name of the Educator (Please Print): _____</p> <p>Signature of the Educator: _____ Date: ____/____/____</p>					



### 5.1.8 Process: Management of educator workload and timetabling

#### Who is this process applicable to?

- Public Educators
- SGB educators

#### What are the referral documents?

- None

#### What is the procedure?

- The school management/timetabling team (SMT) sets up the **School Timetable** for the school for each academic year using the following parameters:
  - Educators
  - Subject specialization and subject qualifications of educators
  - Number of learners and learner subject groupings
  - Grades and classes in the school including subject classes
  - Teaching venues or locations
- For schools using a computerised school administration package; the school management team enters all the parameters into the timetable module of the school's administration package to automatically generate the timetable.
- For schools without a computerised system; the school timetable team manually creates the school timetable using the same parameters.
- From the created **School Timetable** the following reports are manually compiled or printed from the computerised system:
  - **Educator Timetables**
  - **Class Timetables**
  - **Educator Utilisation Report**
- The principal verifies and signs the final **School Timetable**.
- The school administrator makes two copies of the final signed **School Timetable**.
- The school administrator forwards one copy of the final school timetable to the district office.
- The school administrator updates the **Register** to indicate that the **School Timetable** has been forwarded to the district.
- The school administrator ensures that the final signed **School Timetable** is displayed in a public area and is visible in the school for the current academic year.
- The **Educator Utilisation Report** must be compiled and submitted to the district office on a quarterly basis.
- The school administrator files and retains the **Educator Utilisation Report** and the **School Timetable** in the strong room at the school.

**Who is responsible?**

- The **SMT** is responsible for completion and testing of the **School Timetable before the start of the academic year.**
- The school administrator submits the final **School Timetable** to the district office **1 day after the start of the academic year.**

**What are the audit requirements?**

- One copy of the final signed **School Timetable** must be filed in the school's profile file and stored in the strong room for 5 years after the relevant academic year for auditing purposes.
- One copy of the **Educator Utilisation Report** must be filed in the school's profile file and stored in the strong room for 5 years after the relevant academic year for auditing purposes.
- The final **School Timetable** must be visible and displayed in a public area of the school for the **current academic year.**

**What are the templates/forms?**

- School Timetable
- Educator Utilization Report

## SCHOOL TIMETABLE

NAME OF SCHOOL:..... EMIS NO:..... YEAR: .....

PERIOD	TIME	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY		
		Educator	Grade	Subject	Educator	Grade	Subject	Educator	Grade	Subject	Educator	Grade	Subject	Educator	Grade	Subject

### 5.1.9 Process: Management of educator performance using the Integrated Quality Management System (IQMS)

#### Who is this process applicable to?

- Public educators

#### What are the referral documents?

- Collective Agreement 8 of 2003: Integrated Quality Management System.
- Training Manual for IQMS for School Based Educators

#### What is the process?

- For the Developmental Appraisal (DA), the following steps are followed (refer to the Educator Performance Management Development System training and process manual):
  - Step 1: The principal to take initiative
  - Step 2: Elect members of Staff Development Team (SDT)
  - Step 3: Develop Development Appraisal and Performance Management Plan for the year
  - Step 4: Educator's self-evaluation
  - Step 5: Set up Development Support Groups (DSG)
  - Step 6: Pre-evaluation meeting
  - Step 7: Conduct baseline evaluation, using the Instrument (for first year educators)
  - Step 8: Post-evaluation meeting – Feedback and discussion  
Dispute Resolution Procedure
  - Step 9: Personal Growth Plan (PGP)
  - Step 10: Complete Educators' Improvement Plan (EIP)
- For the Performance Measures (PM), the following steps are followed (refer to DA and PM: Educator Performance Management Development System training and process manual):
  - Step 1: SDT draws up timetable for PM
  - Step 2: Pre-evaluation meeting – for summative evaluation
  - Step 3: Lesson observation
  - Step 4: Post-evaluation meeting – for summative evaluation  
(Feedback and discussion)
  - Step 5: Resolution of differences
  - Step 6: Complete composite score sheet
  - Step 7: Educator updates Personal Growth Plan (PGP)
  - Step 8: School updates Educators' Improvement Plan (EIP)
  - Step 9: Complete documentation for PM
  - Step 10: Submit documentation to district office



- The forms utilised in the above indicated steps must be completed by the educator, School Developmental Team (SDT) and moderators as illustrated in the DA and PM: Educator Performance Management Development System training and process manual.
- For schools using a computerised administration package (e.g. SA-SAMS): the forms are completed on the computerised system and printed out for signing.
- For schools that do not have a computerised system: the forms are completed manually.
- All forms, plans and reports are verified and signed by the SDT and the principal.
- The school administrator makes a copy of the signed forms, plans and reports and files it as follows:
  - Educator self evaluation form: In the educator’s personal file
  - Development support group evaluation form: In the educator’s personal file
  - Educator Improvement Plan: In the educator’s personal file
  - Personal Growth Plan: In the educator’s personal file
  - School Improvement Plan: In the school profile file
  - Summative Report: In the school profile file
  - Composite Score Sheet: In the educator’s personal file
- The educator’s personal file and the school’s profile file are stored in the school’s strong room.
- The principal submits the relevant original signed forms, plans and reports to the district office for capturing on PERSAL.

### Who is responsible?

- The completion and verification of all IQMS forms, plans and reports are the responsibility of the Chairperson of the SDT and must be completed **mid – term four**.
- The school administrator submits all forms, plans and reports to the district office in **term four**.

### What are the audit requirements?

- The educator’s personal file must be retained at the school for 5 years after the end of the academic year to which it relates.
- The school profile file must be stored in the school’s file for 5 years after the end of the academic year to which it relates.
- The completed forms, plans and reports must be made available for audit purposes at the school.

### What are the templates/forms?

- Performance Standard 1
- Performance Standard 2
- Performance Standard 3

- Performance Standard 4
- Performance Standard 5
- Performance Standard 6
- Performance Standard 7
- Performance Standard 8
- Performance Standard 9
- Performance Standard 10
- Personal Growth Plan (PGP)
- School Improvement Plan (SIP)
- Composite Score Sheet for Individual Educators
- School Summary Score Sheet
- IQMS: Snapshot of Educator Performance in School – Summary of summative scores in the school/district/province
- Summative Scores in the School Internal Moderation Report

Performance Standard: 1. CREATION OF A POSITIVE LEARNING ENVIRONMENT				
Expectation: The educator creates a positive learning environment that enables the learners to participate actively and to achieve success in the learning process				
Question: Does the educator create a suitable environment and climate for learning and teaching?				
CRITERIA: (a) Learning Space; (b) Learner Involvement; (c) Discipline; (d) Diversity				
Levels of Performance		Strengths	Recommendations for Development	Contextual factors
1	<b>Unacceptable</b>			
(a)	<ul style="list-style-type: none"> <li>No effort to create a learning space that is conducive to teaching and learning; <b>organisation</b> of learning space hampers teaching and learning.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Educator and learners appear <b>uninterested</b>.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li><b>No discipline</b> and much time is wasted. Learners do not accept discipline or discipline is experienced by learners as humiliating.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Educator is <b>insensitive</b> to racial, cultural and/or gender diversity; does not respect dignity of individual learners or groups of learners.</li> </ul>			
2	<b>Satisfies minimum expectations</b>			
(a)	<ul style="list-style-type: none"> <li>There is evidence of an attempt at creating <b>and organising</b> a suitable learning environment, which enables individual and/or group learning.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Learners are <b>engaged in appropriate activities</b> for most of the lesson.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Learners are <b>disciplined</b> and learning is not interrupted unnecessarily.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Learning environment is <b>free</b> of obvious <b>discrimination</b></li> </ul>			
3	<b>Good</b>			
(a)	<ul style="list-style-type: none"> <li><b>organisation</b> of learning space enables the effective use of teaching resources and encourages and supports individual and group activities.</li> </ul>			

(b)	<ul style="list-style-type: none"> <li>The environment is <b>stimulating</b> and the learners participate actively.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Learners are encouraged; there is <b>positive reinforcement</b>. Learners accept discipline without feeling threatened.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Educator acknowledges and respects individuality and diversity.</li> </ul>			
<b>4</b>	<b>Outstanding</b>			
(a)	Organisation of learning space shows creativity and enables all learners to be productively engaged in individual and cooperative learning.			
(b)	Learners participate actively and are encouraged to exchange ideas with confidence and to be creative.			
(c)	Learners are motivated and self-disciplined.			
(d)	Educator uses inclusive strategies and promotes respect for individuality and diversity.			
<b>Rating</b>				
	Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4

Performance Standard 1		
Criteria	Raw Scores	Final Scores
a		
b		
c		
d		
Total Max. 16		

Performance Standard: 2. KNOWLEDGE OF CURRICULUM AND LEARNING PROGRAMMES			
Expectation: The educator possesses appropriate content knowledge which is demonstrated in the creation of meaningful learning experiences.			
Question: Does the educator demonstrate adequate knowledge of the Learning Area or subject and does he/she use this knowledge effectively to create meaningful experiences for learners?			
CRITERIA: (a) Knowledge of learning area, (b) skills, (c) goal setting, (d) involvement in learning programmes			
Levels of Performance	Strengths	Recommendations for Development	Contextual factors
<b>1</b>			
<b>Unacceptable</b>			
(a)	<ul style="list-style-type: none"> <li>Educator conveys inaccurate and limited knowledge of learning area.</li> </ul>		
(b)	<ul style="list-style-type: none"> <li>No skill in creating enjoyable learning experiences for learners.</li> </ul>		
(c)	<ul style="list-style-type: none"> <li>Little or no evidence of goal-setting to achieve curriculum outcomes.</li> </ul>		
(d)	<ul style="list-style-type: none"> <li>Makes no attempt to interpret the learning programmes for the benefit of learners.</li> </ul>		
<b>2</b>			
<b>Satisfies minimum expectations</b>			
(a)	<ul style="list-style-type: none"> <li>Educator's knowledge is adequate but not comprehensive.</li> </ul>		
(b)	<ul style="list-style-type: none"> <li>Has some skill in engaging learners and relating the learning programme to learners' needs.</li> </ul>		
(c)	<ul style="list-style-type: none"> <li>Evidence of some goal setting to achieve curriculum outcomes.</li> </ul>		
(d)	<ul style="list-style-type: none"> <li>Makes some attempt to interpret the learning programmes for the benefit of learners.</li> </ul>		
<b>3</b>			
<b>Good</b>			
(a)	<ul style="list-style-type: none"> <li>Educator is able to use knowledge and information to extend the knowledge of learners.</li> </ul>		
(b)	<ul style="list-style-type: none"> <li>Educator skilfully involves learners in learning area.</li> </ul>		



(c)	<ul style="list-style-type: none"> <li>Makes every endeavour to set realistic goals to achieve curriculum outcomes.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Displays great enthusiasm in interpreting learning programmes in the interests of the learners.</li> </ul>			
<b>4</b>	<b>Outstanding</b>			
(a)	Educator uses knowledge to diagnose learner strengths and weaknesses in order to develop teaching strategies.			
(b)	Educator uses learner-centred techniques that provide for acquisition of basic skills and knowledge and promotes critical thinking and problem solving.			
(c)	Curriculum outcomes are always achieved by being creative and innovative in the setting of goals.			
(d)	Excellent balance between clarity of goals of learning programme and expression of learner needs, interests and background.			

<b>Rating</b>				
Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4	

Performance Standard 2		
Criteria	Raw Scores	Final Scores
a		
b		
c		
d		
Total Max. 16		

Performance Standard: 3. LESSON PLANNING PREPARATION AND PRESENTATION (Note: "Evidence of planning: does not imply that there must be written lesson plans. However it must be clear that the lesson has been planned)			
Expectation: The educator demonstrates competence in planning preparation, presentation and management of learning programmes.			
Question: Is lesson planning clear, logical and sequential and is there evidence that individual lessons fit into a broader learning programme?			
CRITERIA: (a) Planning (b) Presentation, (c) Recording, (d) Management of Learning Programmes			
Levels of Performance		Strengths	Contextual factors
Recommendations for Development			
<b>1</b>	<b>Unacceptable</b>		
(a)	<ul style="list-style-type: none"> <li>Little or no evidence of lesson planning.</li> </ul>		
(b)	<ul style="list-style-type: none"> <li>Lesson not presented clearly.</li> </ul>		
(c)	<ul style="list-style-type: none"> <li>No records are kept.</li> </ul>		
(d)	<ul style="list-style-type: none"> <li>Learners not involved in lessons in a way that supports their needs and the development of their skills and knowledge.</li> </ul>		
<b>2</b>	<b>Satisfies minimum expectations</b>		
(a)	<ul style="list-style-type: none"> <li>Lesson planning not fully on a professional standard.</li> </ul>		
(b)	<ul style="list-style-type: none"> <li>Lessons are structured and relatively clearly presented.</li> </ul>		
(c)	<ul style="list-style-type: none"> <li>Evidence of essential records of planning and learner progress is available.</li> </ul>		
(d)	<ul style="list-style-type: none"> <li>Evidence of some learner involvement in lessons in a way that it supports their needs and the development of their skills and knowledge.</li> </ul>		
<b>3</b>	<b>Good</b>		
(a)	<ul style="list-style-type: none"> <li>Lesson planning is generally clear, logical and sequential.</li> </ul>		
(b)	<ul style="list-style-type: none"> <li>Lessons are well structured and fit into the broader learning programme building on previous lessons and anticipating future learning activities.</li> </ul>		

(c)	<ul style="list-style-type: none"> <li>Essential records of planning and learning progress are maintained at a high level of proficiency.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Good involvement of learners in lessons in such a way that it supports their needs and the development of their skills and knowledge.</li> </ul>			
<b>4</b>	<b>Outstanding</b>			
(a)	<ul style="list-style-type: none"> <li>Lesson planning is abundantly clear, logical, sequential and developmental.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Outstanding planning of lessons that are exceptionally well structured and clearly fits into the broader learning programme with evidence that it builds on previous lessons as well as fully anticipating future learning activities.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Outstanding record keeping of planning and learner progress.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Excellent involvement of learners in lessons in such a way that it fully support their needs and the development of their skills and knowledge.</li> </ul>			

**Rating**

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4
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Performance Standard 3		
Criteria	Raw Scores	Final Scores
a		
b		
c		
d		
Total Max. 16		

Performance Standard: 4. LEARNER ASSESSMENT/ACHIEVEMENT			
Expectation: The educator demonstrates competence in monitoring and assessing learner progress and achievement.			
Question: Is assessment used in order to promote teaching and learning?			
CRITERIA: (a) Feedback to learners, (b) Knowledge of assessment techniques, (c) Application of techniques, (d) Record keeping			
Levels of Performance	Strengths	Recommendations for Development	Contextual factors
<b>1</b>			
<b>Unacceptable</b>			
(a)	<ul style="list-style-type: none"> <li>No evidence of meaningful feedback to learners, or feedback irregular and inconsistent.</li> </ul>		
(b)	<ul style="list-style-type: none"> <li>Does not demonstrate an understanding of different types of assessment, e.g. only uses tests.</li> </ul>		
(c)	<ul style="list-style-type: none"> <li>Assessment results do not influence teaching strategies.</li> </ul>		
(d)	<ul style="list-style-type: none"> <li>No evidence of records, or records are incomplete and irregular.</li> </ul>		
<b>2</b>			
<b>Satisfies minimum expectations</b>			
(a)	<ul style="list-style-type: none"> <li>Some evidence of feedback.</li> </ul>		
(b)	<ul style="list-style-type: none"> <li>Has a basic understanding of different types of assessment.</li> </ul>		
(c)	<ul style="list-style-type: none"> <li>Some evidence of corrective measures and remedial activity based on assessment results.</li> </ul>		
(d)	<ul style="list-style-type: none"> <li>Maintains essential records.</li> </ul>		
<b>3</b>			
<b>Good</b>			
(a)	<ul style="list-style-type: none"> <li>Feedback is regular, consistent and timeously provided.</li> </ul>		
(b)	<ul style="list-style-type: none"> <li>A variety of assessment techniques are used, allowing learners to demonstrate their talents.</li> </ul>		
(c)	<ul style="list-style-type: none"> <li>Lessons are appropriately tailored to address learners' strengths and areas of weakness.</li> </ul>		

(d)	<ul style="list-style-type: none"> <li>Records are systematically, efficiently and regularly maintained.</li> </ul>			
<b>4</b>	<b>Outstanding</b>			
(a)	<ul style="list-style-type: none"> <li>Feedback is insightful, regular, consistent, timely, and built in to lesson design</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Different assessment techniques used to cater for learners from diverse backgrounds, with multiple intelligences and learning styles.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Assessment informs multiple intervention strategies to address specific needs of all learners, and motivates them.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Records are easily accessed and provide insights into individual learners' progress.</li> </ul>			

**Rating**

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4
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**Performance Standard 4**

Criteria	Raw Scores	Final Scores
a		
b		
c		
d		
Total Max. 16		



Performance Standard: 5. PROFESSIONAL DEVELOPMENT IN FIELD OF WORK/CAREER AND PARTICIPATION IN PROFESSIONAL BODIES				
Expectation: The educator engages in professional development activities which is demonstrated in his willingness to acquire new knowledge and additional skills				
Question: Does the educator participate in professional growth activities?				
Criteria: (a) Participation in professional development; (b) Participation in professional bodies; (c) Knowledge of education issues; (d) Attitude to professional development				
Levels of Performance	Strengths	Recommendations for Development	Contextual factors	
<b>1</b>				
<b>Unacceptable</b>				
(a)	• Little or no evidence of professional development			
(b)	• Makes no attempt to participate in professional bodies			
(c)	• Displays no, or superficial, knowledge on educational issues			
(d)	• Exhibits negative attitude towards development, seminars, etc			
<b>2</b>				
<b>Satisfies minimum expectations</b>				
(a)	• There is evidence of some attempt to develop oneself professionally			
(b)	• Evidence of some participation in professional bodies, e.g. trade union, learning area association, etc			
(c)	• Shows some knowledge of educational issues			
(d)	• Seeks further professional development			
<b>3</b>				
<b>Good</b>				
(a)	• Participates eagerly in professional development programmes to improve job performance.			
(b)	• Plays a role in professional bodies and involves colleagues.			

(c)	<ul style="list-style-type: none"> <li>Demonstrates clear awareness of current education issues</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Stays informed in his/her field by reading or participating in conferences and training opportunities</li> </ul>			
<b>4</b>	<b>Outstanding</b>			
(a)	<ul style="list-style-type: none"> <li>Takes a leading role in initiating and delivering professional development opportunities</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Takes up leading positions in professional bodies and involves colleagues</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Is informed and critically engages with current education issues.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Participates in activities which foster professional growth and tries new teaching methods/approaches and evaluates their success.</li> </ul>			

<b>Rating</b>	
Unacceptable = 1	Satisfies Minimum Expectations = 2
Good = 3	Outstanding = 4

Performance Standard 5		
Criteria	Raw Scores	Final Scores
a		
b		
c		
d		
Total Max. 16		

Performance Standard: 6. HUMAN RELATIONS AND CONTRIBUTION TO SCHOOL DEVELOPMENT				
Expectation: The educator engages in appropriate interpersonal relationships with learners, parents and staff and contributes to the development of the school				
Question: Does the educator create and maintain sound human relations with colleagues and learners?				
CRITERIA: (a) Learner needs; (b) Human Relations Skills; (c) Interaction; (d) Co-operation				
Levels of Performance		Strengths	Recommendations for Development	Contextual factors
<b>1</b>	<b>Unacceptable</b>			
(a)	<ul style="list-style-type: none"> <li>The educator is insensitive to learner needs.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>No evidence of human relation skills in communicating with learners, staff and parents.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Interacts inappropriately with learners, staff and parents.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Lacks tact and courtesy and is not co-operative.</li> </ul>			
<b>2</b>	<b>Satisfies minimum expectations</b>			
(a)	<ul style="list-style-type: none"> <li>Some evidence of the educator being sensitive to learner needs.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Some evidence of positive relationships with individuals.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Interacts appropriately with individuals.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Cooperates with learners, staff and parents.</li> </ul>			
<b>3</b>	<b>Good</b>			
(a)	<ul style="list-style-type: none"> <li>Designs internal work processes to cater for learner needs.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Establishes trust and shows confidence in others &amp; supports school regulations, programmes and policies.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Demonstrates understanding and acceptance of different racial, ethnic, cultural and religious groups.</li> </ul>			

(d)	<ul style="list-style-type: none"> <li>Shares information openly, whilst respecting the principle of confidentiality.</li> </ul>			
<b>4</b>	<b>Outstanding</b>			
(a)	<ul style="list-style-type: none"> <li>Adds value to the institution by providing exemplary service in terms of learner needs.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Demonstrates respect, interest and consideration for those with whom he/she interacts.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Conducts self in accordance with organisational code of conduct and handles contacts with parents/ guardians in a professional and ethical manner.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Supports stakeholders in achieving their goals.</li> </ul>			

**Rating**

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4
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Performance Standard 6	
Criteria	Raw Scores
a	
b	
c	
d	
Total	
Max. 16	

Performance Standard: 7. EXTRA-CURRICULAR AND CO-CURRICULAR PARTICIPATION			
Expectation: The educator participates in extra-curricular and co-curricular activities in such a way that it supplements the learning process and leads to the holistic development of the learners.			
Question: Does the educator participate in extra-curricular and co-curricular activities and is s/he involved with the administration of these activities?			
CRITERIA: (a) Involvement; (b) Holistic Development; (c) Leadership and Coaching; (d) Organisation and Administration			
Levels of Performance	Strengths	Recommendations for Development	Contextual factors
<b>1 Unacceptable</b>			
(a)	• The educator is not involved in extra-curricular or co-curricular activities		
(b)	• Makes no attempt to use these activities for the holistic development of learners		
(c)	• Leadership and coaching is inadequate.		
(d)	• Organisation and administration is poor.		
<b>2 Satisfies minimum expectations</b>			
(a)	• Not fully involved in extra-curricular and co-curricular activities		
(b)	• Makes some effort to use these activities for the holistic development of learners		
(c)	• Leadership and coaching is at an acceptable level		
(d)	• Organisation and administration is at an acceptable level.		
<b>3 Good</b>			
(a)	• Educator is fully involved in extra-curricular and co-curricular activities.		
(b)	• Educator skilfully involves learners in all activities		
(c)	• Evidence of good leadership and coaching at a pleasing standard		

(d)	<ul style="list-style-type: none"> <li>Shares information openly, whilst respecting the principle of confidentiality.</li> </ul>			
<b>4</b>	<b>Outstanding</b>			
(a)	<ul style="list-style-type: none"> <li>Adds value to the institution by providing exemplary service in terms of learner needs.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Demonstrates respect, interest and consideration for those with whom he/she interacts.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Conducts self in accordance with organisational code of conduct and handles contacts with parents/guardians in a professional and ethical manner.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Supports stakeholders in achieving their goals.</li> </ul>			

**Rating**

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4
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Performance Standard 6	
Criteria	Raw Scores
a	
b	
c	
d	
Total	
Max. 16	



Performance Standard: 8. ADMINISTRATION OF RESOURCES AND RECORDS				
Expectation: The educator administers resources and records in an effective and efficient manner to enable the smooth functioning of the institution				
Question: Does the quality of administration contribute to building an effective institution?				
CRITERIA: (a) Utilisation of resources; (b) Instructions; (c) Record keeping; (d) Maintenance of infrastructure; (e) Circulars				
Levels of Performance		Strengths	Recommendations for Development	Contextual factors
1	<b>Unacceptable</b>			
(a)	<ul style="list-style-type: none"> <li>Does not utilise resources (human, physical or financial) optimally or abuses these resources.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>No clear instructions or guidelines are provided. Staff members are unsure what is expected of them. There is no mentoring or support of staff.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Financial and other records are not kept or are incomplete and do not comply with departmental requirements.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Premises, buildings and equipment are not properly maintained or are abused. There are no proper control measures or systems in place.</li> </ul>			
(e)	<ul style="list-style-type: none"> <li>Departmental circulars are not brought to the attention of staff members. No proper record is maintained and circulars are often lost.</li> </ul>			
2	<b>Satisfies minimum expectations</b>			
(a)	<ul style="list-style-type: none"> <li>Uses resources appropriately.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Gives clear instructions and provides guidelines with regard to administrative duties to be performed. Staff are able to meet expectations.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Records (financial and otherwise) are kept in accordance with accepted practices and/or departmental requirements.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Ensures that the premises, buildings, equipment and learning and teaching materials are properly used and maintained. Exercises proper control of their usage.</li> </ul>			

(e)	<ul style="list-style-type: none"> <li>All Departmental circulars (and other information <b>received</b>) in respect of things that affect them, are brought to the attention of staff members.</li> </ul>			
<b>3</b>	<b>Good</b>			
(a)	<ul style="list-style-type: none"> <li>Uses resources effectively and efficiently.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Gives clear instructions and provides sound guidelines in respect of administrative duties. Staff know what is expected of them and, through mentoring, supports staff in those duties.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Full and complete records are kept not only in terms of departmental requirements but also of important events and other aspects that are of interest to the institution.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Premises, buildings, equipment are used – and maintained well. There is evidence of improvement in this regard.</li> </ul>			
(e)	<ul style="list-style-type: none"> <li>All circulars and other relevant information are always brought to the attention of staff in good time.</li> </ul>			
<b>4</b>	<b>Outstanding</b>			
(a)	<ul style="list-style-type: none"> <li>Uses resources optimally and creatively – specifically aligned to the vision, mission and goals of the institution.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Clear instructions and sound guidelines enable staff to do what is expected of them. Mentoring and support provides encouragement for staff to do more than is required and to do so with enthusiasm.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Record-keeping is comprehensive and up to date; meets requirements in terms of accepted practices and/or departmental requirements.</li> </ul>			

(d)	<ul style="list-style-type: none"> <li>Premises, buildings, equipment are used – and maintained well. There is evidence of improvement in this regard.</li> <li>All circulars and other relevant information are always brought to the attention of staff in good time.</li> </ul>			
(e)				
<b>4</b>	<b>Outstanding</b>			
(a)	Uses resources optimally and creatively – specifically aligned to the vision, mission and goals of the institution.			
(b)	Clear instructions and sound guidelines enable staff to do what is expected of them. Mentoring and support provides encouragement for staff to do more than is required and to do so with enthusiasm.			
(c)	Record-keeping is comprehensive and up to date; meets requirements in terms of accepted practices and/or departmental requirements.			
(d)	<ul style="list-style-type: none"> <li>Premises, buildings, equipment and learning and teaching support materials are used optimally. Repairs or replacements are effected promptly. Control/monitoring systems are in place.</li> <li>Departmental circulars and other relevant information are consistently brought to the attention of staff members in good time. Where necessary, discussions are initiated to ensure that the context is understood. Responses are developed when necessary. Follow-up is managed when necessary.</li> </ul>			
(e)				

<b>Rating</b>	
Unacceptable = 1	Satisfies Minimum Expectations = 2
Good = 3	Outstanding = 4

Performance Standard 8	
Criteria	Raw Scores
a	
b	
c	
d	
Total Max. 16	

Performance Standard: 9. PERSONNEL				
Expectation: Manages and develops personnel in such a way that the vision and mission of the institution are accomplished.				
Question: Does s/he manage staff by applying the principles of democracy?				
CRITERIA : (a) Pastoral Care; (b) Staff Development; (c) Provision of leadership; (d) Building commitment and confidence				
Levels of Performance	Strengths	Recommendations for Development	Contextual factors	
<b>1</b>				
<b>Unacceptable</b>				
(a)	<ul style="list-style-type: none"> <li>No evidence of any pastoral care for personnel.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Does not contribute to or participate in staff development programmes.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Does not provide any professional leadership within the institution.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>No evidence of building commitment and confidence in staff.</li> </ul>			
<b>2</b>				
<b>Satisfies minimum expectations</b>				
(a)	<ul style="list-style-type: none"> <li>Provides pastoral care to staff members but infrequently</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Some evidence of staff development.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Offers professional advice to staff where necessary.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Motivates staff members when necessary but not regularly.</li> </ul>			
<b>3</b>				
<b>Good</b>				
(a)	<ul style="list-style-type: none"> <li>Displays personal interest in the well being of others.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Guides and supervises the work of all staff and formulates staff development programmes on a regular basis.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Manages staff professionally by applying democratic principles and acknowledges labour and other rights of individuals.</li> </ul>			

(d)	<ul style="list-style-type: none"> <li>Initiates, supports and encourages new ideas.</li> </ul>			
<b>4</b>	<b>Outstanding</b>			
(a)	<ul style="list-style-type: none"> <li>Supports and respects the individuality of others and recognises the benefits of diversity of ideas and approaches.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Ensures that staff training and mentoring programmes are developed, implemented and evaluated.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Gives direction to staff in realising the institution's strategic objectives.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Inspires and builds commitment and motivates educators through the use of intrinsic rewards or encouragement.</li> </ul>			

**Rating**

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4
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**Performance Standard 9**

Criteria	Raw Scores	Final Scores
a		
b		
c		
d		
Total Max. 16		

Performance Standard: 10. DECISION MAKING AND ACCOUNTABILITY				
Expectation: The educator establishes procedures that enable democratic decision-making and accountability within the institution				
Question: Does the educator establish structures that enable/ensure active participation by all stakeholders in decision making processes and are there to clear lines of accountability?				
CRITERIA: (a) Stakeholder Involvement; (b) Decision making; (c) Accountability/responsibility; (d) Motivation; (e) Objectivity/Fairness				
Levels of Performance	Strengths	Recommendations for Development	Contextual factors	
<b>1</b>	<b>Unacceptable</b>			
(a)	<ul style="list-style-type: none"> <li>Makes little or no attempt to involve all stakeholders in decision making processes. There is little or no evidence of consensual decision making.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Lacks decision-making skills, makes autocratic decisions without consultation or is reluctant to make any decisions or decisions are frequently illogical and not the best option.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Does not take responsibility for any decisions that are made; often tries to put the blame on someone else if decisions are proved to be wrong.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Is not decisive: is unable to earn the respect of staff members with regard to the quality of decisions made and is not motivated to take a leadership role.</li> </ul>			
(e)	<ul style="list-style-type: none"> <li>Decisions are seldom taken and where they are it is apparent that objectivity and fairness were not considered important.</li> </ul>			
<b>2</b>	<b>Satisfies minimum expectations</b>			
(a)	<ul style="list-style-type: none"> <li>Establishes structures and procedures that enable the involvement of all stakeholders.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Has decision making skills; takes different views into account when making decisions.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Takes responsibility for decisions made in most instances; sometimes tries to justify decisions that have been proved wrong.</li> </ul>			



(d)	<ul style="list-style-type: none"> <li>Is decisive, earns the respect of staff members and is able to motivate staff to participate in decision making.</li> </ul>			
(e)	<ul style="list-style-type: none"> <li>Decisions taken reflect that objectivity and fairness were considerations.</li> </ul>			
<b>3</b>	<b>Good</b>			
(a)	<ul style="list-style-type: none"> <li>Ensures that all stakeholders are actively involved in decision making and that the necessary procedures are followed.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Has good decision making skills: Is able to take different points of view into account and to base decisions on sound logic.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Is prepared to be held accountable for the decisions made.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Staff members are willing to participate in decision making processes and respect the decisions taken.</li> </ul>			
(e)	<ul style="list-style-type: none"> <li>Objective and sound decisions take contextual factors into account in order to arrive at decisions that are fair.</li> </ul>			
<b>4</b>	<b>Outstanding</b>			
(a)	<ul style="list-style-type: none"> <li>Ensures that whenever possible and appropriate decisions are arrived at by consensus.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Decisions, based on wide consultation with all relevant parties and based on sound logic, are made in good time. Creative solutions are found when necessary. Is decisive without being authoritarian.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Is prepared to be held accountable for the decision making process as well as taking responsibility for the decisions. Does not pass on the blame for wrong decisions. Ensures accountability from staff members as well as being accountable to them. Decisions are frequently proactive rather than reactive.</li> </ul>			

(d)	<ul style="list-style-type: none"> <li>Staff recognise that their opinions are valued and taken into account; they are motivated to participate in decision making.</li> </ul>			
(e)	<ul style="list-style-type: none"> <li>Staff members trust the decisions made by the educator as the process has been transparent and participatory. Decisions are always objective and fair.</li> </ul>			

**Rating**

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4
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**Performance Standard**

10

Criteria	Raw Scores	Final Scores
a		
b		
c		
d		
Total Max. 16		

Performance Standard: 11. LEADERSHIP, COMMUNICATION AND SERVICING THE GOVERNING BODY			
Expectation: The educator demonstrates/has well-developed leadership qualities.			
Question: Is the educator able to take the lead and act decisively in terms of priorities and opportunities?			
CRITERIA: (a) Leadership; (b) Support; (c) Communication; (d) Systems; (e) Commitment and confidence; (f) Initiative, Creativity		Recommendations for Development	Contextual factors
Levels of Performance		Strengths	
1	<b>Unacceptable</b>		
(a)	<ul style="list-style-type: none"> <li>Demonstrates poor (or no) leadership qualities. Is reluctant to take the lead and/or has not earned the respect of colleagues; often feels threatened.</li> </ul>		
(b)	<ul style="list-style-type: none"> <li>Is unable to provide support; does not mentor or provide guidance; may often undermine colleagues; is not approachable.</li> </ul>		
(c)	<ul style="list-style-type: none"> <li>Does not communicate with colleagues, parents or the School Governing Body; does not share information or ideas. Is not prepared to listen to alternative points of view.</li> </ul>		
(d)	<ul style="list-style-type: none"> <li>Does not work to any particular system; is disorganised and is unable to manage or control specific projects or initiatives. Productivity is low.</li> </ul>		
(e)	<ul style="list-style-type: none"> <li>Lacks commitment and confidence. Is easily swayed when challenged. Does not follow through on tasks and is easily distracted. Time management is weak/poor.</li> </ul>		
(f)	<ul style="list-style-type: none"> <li>Lacks initiative and is not creative. Will not attempt tasks without clear directives.</li> </ul>		
2	<b>Satisfies minimum expectations</b>		
(a)	<ul style="list-style-type: none"> <li>Takes the lead in encouraging teamwork and empowers colleagues.</li> </ul>		
(b)	<ul style="list-style-type: none"> <li>Provides guidance and support to enable colleagues to improve.</li> </ul>		

(c)	<ul style="list-style-type: none"> <li>Consults with colleagues, parents and the governing body, shares information and provides reports back, is transparent and listens to alternative points of view.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Works to basic systems; is organised and productivity is acceptable.</li> </ul>			
(e)	<ul style="list-style-type: none"> <li>Is confident and is committed to serving the learners, parents and the SGB. Is focused and persistent. Will follow through on tasks until completed.</li> </ul>			
(f)	<ul style="list-style-type: none"> <li>Implements systems and structures in a familiar environment, is prepared to attempt to improve existing systems.</li> </ul>			
<b>3</b>	<b>Good</b>			
(a)	<ul style="list-style-type: none"> <li>Provides strong leadership and direction to enable colleagues to realise strategic objectives.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Values colleagues as individuals, acknowledges their ideas; provides ongoing support and is available to guide and advise them.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Consults with colleagues, parents and governing body; shares ideas and information; takes alternative points of view into account.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Has improved systems that are appropriate for specific circumstances; is organised and is able to track progress. Productivity is above average.</li> </ul>			
(e)	<ul style="list-style-type: none"> <li>Has built up experience which is the basis for confidence; is not easily distracted; supports colleagues in order to achieve goals; Time management is good; tasks are completed within deadlines</li> </ul>			
(f)	<ul style="list-style-type: none"> <li>Is innovative and is prepared to try out new ways of doing things; refines and improves existing systems and processes.</li> </ul>			
<b>4</b>	<b>Outstanding</b>			
(a)	<ul style="list-style-type: none"> <li>Translates strategic objectives into action plans and inspires colleagues; engenders trust; colleagues are motivated.</li> </ul>			

(b)	<ul style="list-style-type: none"> <li>Works with colleagues to effect improvements on an ongoing basis; is approachable and shares information and provides support while encouraging independent thinking and innovation.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Consults with all stakeholders and listens to alternative points of view; is transparent; shares information and provides regular feedback. Responds positively to constructive criticism.</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Is innovative and has created effective systems for managing and tracking work in progress. Systems are streamlined and efficient. Productivity is high.</li> </ul>			
(e)	<ul style="list-style-type: none"> <li>Time management is very good; is able to multitask without losing focus. Takes on additional tasks or assists colleagues.</li> </ul>			
(f)	<ul style="list-style-type: none"> <li>Is innovative and creative; thinks critically and is prepared to test new ways of doing things in order to increase efficiency.</li> </ul>			

**Performance Standard 11 Rating**

Criteria	Raw Scores	Final Scores
a		
b		
c		
d		
Total Max. 16		

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4
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Performance Standard: 12. STRATEGIC PLANNING, FINANCIAL PLANNING AND EMD			
Expectation: The educator displays competence in planning and education management development			
Question: Does the manager administer the different management processes efficiently and effectively?			
CRITERIA: (a) Strategic Planning; (b) Financial Planning; (c) Project Management; (d) Communication		Recommendations for Development	Contextual factors
Levels of Performance		Strengths	
<b>1</b>	<b>Unacceptable</b>		
(a)	<ul style="list-style-type: none"> <li>▪ No evidence of strategic planning and EMD</li> </ul>		
(b)	<ul style="list-style-type: none"> <li>▪ No/little evidence of financial planning and budgeting.</li> </ul>		
(c)	<ul style="list-style-type: none"> <li>▪ No pre-planning/management of specific projects/interventions</li> </ul>		
(d)	<ul style="list-style-type: none"> <li>• Does not consult with stakeholders on decisions that affect them.</li> </ul>		
<b>2</b>	<b>Satisfies minimum expectations</b>		
(a)	<ul style="list-style-type: none"> <li>▪ Has some evidence of EMD , and strategic planning.</li> </ul>		
(b)	<ul style="list-style-type: none"> <li>▪ Basic financial records are in order and some evidence of budgeting</li> </ul>		
(c)	<ul style="list-style-type: none"> <li>▪ Some evidence of attempt to plan and monitor specific projects.</li> </ul>		
(d)	<ul style="list-style-type: none"> <li>▪ Some communication with stakeholders takes place</li> </ul>		
<b>3</b>	<b>Good</b>		
(a)	<ul style="list-style-type: none"> <li>▪ Prepares strategic plans with the intention of achieving the school goals.</li> </ul>		
(b)	<ul style="list-style-type: none"> <li>▪ Maintains accurate and detailed financial records for financial planning, and accountability in terms of budget</li> </ul>		
(c)	<ul style="list-style-type: none"> <li>▪ Projects are planned, monitored and effectively managed</li> </ul>		



(d)	<ul style="list-style-type: none"> <li>All stakeholders are fully consulted.</li> </ul>			
<b>4</b>	<b>Outstanding</b>			
(a)	<ul style="list-style-type: none"> <li>Goals and strategic plans are developed and updated with participation of stakeholders.</li> </ul>			
(b)	<ul style="list-style-type: none"> <li>Financial planning and budget are in line with the goals of the school, spending is carefully monitored and resources are used optimally.</li> </ul>			
(c)	<ul style="list-style-type: none"> <li>Introduces innovative ideas and projects which are prioritised in terms of goals, costs and educational needs, and closely manages all projects and interventions</li> </ul>			
(d)	<ul style="list-style-type: none"> <li>Systematic stakeholder consultation through functioning structures and provides opportunities for meaningful participation.</li> </ul>			

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4
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**Rating**

**Performance Standard 12**

Criteria	Raw Scores	Final Scores
a		
b		
c		
d		
Total Max. 16		

**EXEMPLAR A**

**COMPOSITE SCORE SHEET FOR USE IN PERFORMANCE MEASUREMENT FOR PAY PROGRESSION AND GRADE PROGRESSION FOR Level 1 Educators (28 CRITERIA)**

**EDUCATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PERSAL NUMBER:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

<b>PERFORMANCE STANDARDS</b>	<b>MAX</b>	<b>SCORE</b>
Creation of a positive learning environment	16	
Knowledge of curriculum and learning programmes	16	
Lesson Planning, preparation, and presentation	16	
Learner Assessment	16	
Professional development in field of work/career and participation in professional bodies	16	
Human Relations and Contribution to school development	16	
Extra-Curricular & Co-Curricular participation	16	
<b>TOTAL SCORE</b>	<b>112</b>	

**THE ABOVE-MENTIONED EDUCATOR'S SCORE has been/has not been ADJUSTED**

**COMMENTS/REASONS FOR ADJUSTMENT**


**I agree/do not agree with the overall performance rating.**

**EDUCATOR:** \_\_\_\_\_ **DSG:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINCIPAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EXEMPLAR B**

**COMPOSITE SCORE SHEET FOR USE IN PERFORMANCE MEASUREMENT FOR  
PAY PROGRESSION AND GRADE PROGRESSION FOR Level 2 Educators  
(42 CRITERIA)**

EDUCATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

PERSAL NUMBER: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PERFORMANCE STANDARDS	MAX	SCORE
Creation of a positive learning environment	16	
Knowledge of curriculum and learning programmes	16	
Lesson Planning, preparation, and presentation	16	
Learner Assessment	16	
Professional development in field of work/career and participation in professional bodies	16	
Human Relations and Contribution to school development	16	
Extra-Curricular & Co-Curricular participation	16	
Administration of resources and records	20	
Personnel	16	
Decision making and accountability	20	
<b>TOTAL SCORE</b>	<b>168</b>	

**THE ABOVE-MENTIONED EDUCATOR'S SCORE has been/has not been adjusted.**

**COMMENTS/REASONS FOR ADJUSTMENT**


I agree/do not agree with the overall performance rating.

EDUCATOR: \_\_\_\_\_ DSG: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

**EXEMPLAR C**

**COMPOSITE SCORE SHEET FOR USE IN PERFORMANCE MEASUREMENT FOR  
PAY PROGRESSION AND GRADE PROGRESSION FOR Level 3 & 4 Educators  
(52 CRITERIA)**

**EDUCATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PERSAL NUMBER:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

<b>PERFORMANCE STANDARDS</b>	<b>MAX</b>	<b>SCORE</b>
Creation of a positive learning environment	16	
Knowledge of curriculum and learning programmes	16	
Lesson Planning, preparation, and presentation	16	
Learner Assessment	16	
Professional development in field of work/career and participation in professional bodies	16	
Human Relations and Contribution to school development	16	
Extra-Curricular & Co-Curricular participation	16	
Administration of resources and records	20	
Personnel	16	
Decision making and accountability	20	
Leadership, communication and servicing the Governing Body	24	
Strategic planning, financial planning and education management development	16	
<b>TOTAL SCORE</b>	<b>208</b>	

**THE ABOVE-MENTIONED EDUCATOR'S SCORE has been/has not been adjusted.**

**COMMENTS/REASONS FOR ADJUSTMENT**


I agree/do not agree with the overall performance rating.

**EDUCATOR:** \_\_\_\_\_ **DSG:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## PERSONAL GROWTH PLAN: SUGGESTED POSSIBLE TEMPLATE

NAME OF EDUCATOR: \_\_\_\_\_ NAME OF SCHOOL: \_\_\_\_\_

### PRIORITIZED AREAS IN NEED FOR DEVELOPMENT

*[ The following areas urgently need to improve ]*

PERFORMANCE STANDARD : \_\_\_\_\_

The following criterion/criteria need/s urgent attention

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

I need to improve in the following areas

\_\_\_\_\_  
 \_\_\_\_\_

I need assistance from the following individuals/structures

\_\_\_\_\_  
 \_\_\_\_\_

I need the following resources to bring about improvement.

\_\_\_\_\_  
 \_\_\_\_\_

The following actions/tasks need to be undertaken in order to bring about improvement:

\_\_\_\_\_  
 \_\_\_\_\_

The following contextual factors are hampering progress

\_\_\_\_\_  
 \_\_\_\_\_

If support and assistance is provided improvement will be effected by: \_\_\_\_\_

The following contextual factors are being / not addressed by the DSG/SDT/Principal/District Office?

\_\_\_\_\_  
 \_\_\_\_\_

Improvement has been effected in the following areas

\_\_\_\_\_  
 \_\_\_\_\_

Further improvement/s is/are required in the following areas

\_\_\_\_\_  
 \_\_\_\_\_

New areas for development

\_\_\_\_\_  
 \_\_\_\_\_

My progress has been monitored : regularly / rarely

Date/s: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**YOU MAY AMEND THE TEMPLATE TO SUIT YOUR NEEDS!**

**SCHOOL SUMMARY SCORE SHEET: PERFORMANCE MEASUREMENT SUMMATIVE EVALUATIONS**

SCHOOL		DISTRICT		CIRCUIT	
PRINCIPAL		Principal's cell phone		EMIS	
Email address					
Telephone		No. of educators paid by Department			

No.	PERSAL	SURNAME & Initials	Post level	1	2	3	4	5	6	7	8	9	10	Total	Office use	Status of educator		
																Perm	Temp	Sub
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
TOTALS (for balance purposes)																Grand total		

<b>OFFICIAL VERIFICATION BY:</b>		<b>SIGNATURES</b>		<b>SURNAME and initials</b>		<b>Date</b>	
SDT Co-ordinator							
Principal							
Circuit manager							

SCHOOL FORM

PROVINCE \_\_\_\_\_

**IQMS: SNAPSHOT OF EDUCATOR PERFORMANCE**

**SUMMARY OF SUMMATIVE SCORES IN THE SCHOOL/DISTRICT/PROVINCE**

NAME OF SCHOOL: \_\_\_\_\_ NUMBER OF STATE PAID EDUCATORS IN SCHOOL: \_\_\_\_\_

TOTAL SCORE FOR EACH POST LEVEL	%AGE	RATING	SCORE RANGE FOR EACH RATING	NUMBER OF EDS. ITO RATINGS	YEAR
<b>TOTAL: POST LEVEL: 1</b>					
112	100%	Rating: 4	112	2	0
	75%-99%	Rating: 3	84-111		
	50%-74%	Rating: 2	56-83		
	1-49%	Rating: 1	1-55		
<b>TOTAL: POST LEVEL: 2</b>					
168	100%	Rating: 4	168	0	0
	75%-99%	Rating: 3	126-167		
	50%-74%	Rating: 2	84-125		
	1-49%	Rating: 1	1-83		
<b>TOTAL: POST LEVEL: 3</b>					
208	100%	Rating: 4	208	5	6
	75%-99%	Rating: 3	156-207		
	50%-74%	Rating: 2	104-155		
	1-49%	Rating: 1	1-103		
<b>TOTAL: POST LEVEL: 4</b>					
208	100%	Rating: 4	208	0	0
	75%-99%	Rating: 3	156-207		
	50%-74%	Rating: 2	104-155		
	1-49%	Rating: 1	1-103		



## INTERNAL MODERATION REPORT (to be completed by Principal)

School ..... EMIS number ..... District (Region) .....

Educator .....	ID Number .....	Personal Number .....	Date of moderation .....
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Performance Standards	Criteria	Self evaluation	DSG Score	Moderator Score	Evidence (where applicable)	Reasons for adjustments
	<b>POST LEVEL 1</b>					
1	Creation of a positive learning environment					
	a Learning environment					
	b Learning process					
	c Classroom management					
	d Diversity					
	TOTAL					
1	Knowledge and understanding of curriculum					
	a Knowledge of Learning Area/Subject					
	b Ability to convey knowledge					
	c Attainment of outcomes					
	d Integration of learning programmes					
	TOTAL					
3	Lesson planning, preparation and presentation					
	a Planning					
	b Facilitation of learning process					
	c Ways of record keeping					
	d Management of Work Schedule					
	TOTAL					
4	Learner assessment and achievement					
	a Feedback to learners					
	b Knowledge and application of assessment techniques					
	c Learner progress/ achievement					
	d Record keeping of assessment and learner achievement					
	TOTAL					
5	Participation in professional development					
	a Participation in professional development					

Professional development in the field of work	b Participation in professional associations						
	c Knowledge of education issues						
	d Attitude to professional development						
	TOTAL						
	6 Learner needs (social, personal, and academic )						
Human relations and contribution to school development	b Interpersonal skills						
	c Interaction and professional conduct						
	d Contribution to school development						
	TOTAL						
	7 Involvement of educator						
Extra-mural and co-curricular participation	b Holistic development of learners						
	c Coaching and training						
	d Organisation and administration						
	TOTAL						
	<b>POST LEVEL 2</b>						
8 Administration of resources and records	a Utilisation of resources						
	b Instructions						
	c Keeping financial and other records						
	d Maintenance of infrastructure and resources						
	e Circulars and information						
TOTAL							
9 Personnel	a Pastoral care						
	b Staff training and development						
	c Providing leadership						
	d Building commitment and confidence						
	TOTAL						
10 Decision making and accountability	a Stakeholder involvement						
	b Decision-making						
	c Accountability and responsibility						
	d Motivation						
	e Objectivity/ fairness						
TOTAL							
<b>Principal's name</b> .....		<b>Persal Number</b> .....					<b>Date of moderation</b> .....

**SUGGESTED MANAGEMENT PLAN FOR INSTITUTIONS: DRAFT**

MONTH	ACTION	RESPONSIBILITY
January	<ol style="list-style-type: none"> <li>1. Advocacy, providing educators with training manual, training, discussion, &amp; clarification of issues</li> <li>2. Facilitate establishment of SDT</li> <li>3. Roles and responsibilities of structures – discussed</li> </ol>	<ol style="list-style-type: none"> <li>1. Principal / SDT</li> <li>2. Principal</li> <li>3. Principal</li> </ol>
February	<ol style="list-style-type: none"> <li>1. Planning for implementation</li> <li>2. Inclusion of IQMS implementation plan in broad management plan</li> <li>3. Self-Evaluation</li> <li>4. Educators choose their DSGs</li> <li>5. Preparation of final schedule of DGS members</li> <li>6. Provide educators with time-table wrt classroom observation.</li> </ol>	<ol style="list-style-type: none"> <li>Principal / SDT</li> <li>Principal / SDT</li> <li>Appraisee</li> <li>Appraisee /SDT</li> <li>SDT</li> <li>SMT</li> </ol>
March	<ol style="list-style-type: none"> <li>1. Pre-evaluation discussion</li> <li>2. Baseline evaluation</li> <li>3. Feedback and discussion.</li> <li>4. Resolution of differences</li> <li>5. Development of PGP</li> <li>6. Development of SIP and provide SIP to District / local office.</li> <li>7. First developmental cycle commences</li> </ol>	<ol style="list-style-type: none"> <li>1. DSG &amp; appraisee</li> <li>2. DSG</li> <li>3. DSG</li> <li>4. DSG/SDT</li> <li>5. Appraisee/DSG</li> <li>6. SDT</li> <li>7. Appraisee/school</li> </ol>
April	<ol style="list-style-type: none"> <li>1. Development, support, mentoring</li> <li>2. Monitoring</li> <li>3. Self evaluation against PGP</li> <li>4. Self evaluation against SIP</li> </ol>	<ol style="list-style-type: none"> <li>1. SMT / SDT/ DSG</li> <li>2. SDT</li> <li>3. Appraisee</li> <li>4. School – SMT / SDT</li> </ol>
May	<ol style="list-style-type: none"> <li>1. Development, support, mentoring</li> <li>2. Monitoring</li> <li>3. Self evaluation against PGP</li> <li>4. Self evaluation against SIP</li> </ol>	<ol style="list-style-type: none"> <li>1. SMT / SDT/ DSG</li> <li>2. SDT</li> <li>3. Appraisee</li> <li>4. School – SMT/SDT</li> </ol>
June	<ol style="list-style-type: none"> <li>1. Development, support, mentoring</li> <li>2. Monitoring</li> <li>3. Self evaluation against PGP</li> <li>4. Self evaluation against SIP</li> </ol>	<ol style="list-style-type: none"> <li>1. SMT / SDT/ DSG</li> <li>2. SDT</li> <li>3. Appraisee</li> <li>4. School – SMT/SDT</li> </ol>
July	<ol style="list-style-type: none"> <li>1. Second developmental cycle commences</li> <li>2. Development, support, mentoring</li> <li>3. Monitoring</li> <li>4. Self evaluation against PGP</li> <li>5. Self evaluation against SIP</li> </ol>	<ol style="list-style-type: none"> <li>1. Appraisee/ school</li> <li>2. SMT / SDT / DSG</li> <li>3. SDT</li> <li>4. Appraisee</li> <li>5. School – SMT/SDT</li> </ol>

August	<ol style="list-style-type: none"> <li>1. Development, support, mentoring</li> <li>2. Monitoring</li> <li>3. Self evaluation against PGP – revise</li> <li>4. Self evaluation against SIP - revise</li> </ol>	<ol style="list-style-type: none"> <li>1.SMT / SDT / DSG</li> <li>2. SDT</li> <li>3. Appraisee</li> <li>4.School – SMT/SDT</li> </ol>
September	<ol style="list-style-type: none"> <li>1. Development, support, mentoring</li> <li>2. Monitoring</li> <li>3. Self evaluation against PGP – revise PGP</li> <li>4. Self evaluation against SIP – revise SIP</li> <li>5. Second developmental cycle ends</li> </ol>	<ol style="list-style-type: none"> <li>1.SMT / SDT / DSG</li> <li>2. SDT</li> <li>3. Appraisee</li> <li>4. Schl/SMT/SDT</li> <li>5.Appraisee/ school</li> </ol>
October	<ol style="list-style-type: none"> <li>1. Pre-evaluation discussion – for summative evaluation</li> <li>2. Observation of educators (Gr 9 &amp; 12 educators)</li> <li>3. Feedback and discussion</li> <li>4. Resolution of differences</li> </ol>	<ol style="list-style-type: none"> <li>1. Appraisee&amp; DSG</li> <li>2. DSG</li> <li>3. DSG</li> <li>4. DSG / SDT/GC</li> </ol>
November	<ol style="list-style-type: none"> <li>1. Pre-evaluation discussion – for summative evaluation</li> <li>2. Observation of educators</li> <li>3. Feedback and discussion</li> <li>4. Resolution of differences</li> </ol>	<ol style="list-style-type: none"> <li>1. Appraisee&amp; DSG</li> <li>2. DSG</li> <li>3. DSG</li> <li>4. DSG / SDT</li> </ol>
December	<ol style="list-style-type: none"> <li>1. Complete documentation for PM</li> <li>2. Ensure fairness &amp; accuracy</li> <li><b>3. Submit documentation to District / local office</b></li> <li>4. Planning for following year</li> </ol>	<ol style="list-style-type: none"> <li>1. SDT</li> <li>2. SDT / principal</li> <li>3. SDT</li> <li>4. SDT / SMT</li> </ol>

**N.B. INTERNAL WSE IS AN ONGOING ACTIVITY THROUGHOUT THE YEAR**

**EXTERNAL WSE CAN TAKE PLACE – IN ANY MONTH**

**SCHOOL IMPROVEMENT PLAN: SUGGESTED TEMPLATE**

SCHOOL NAME: \_\_\_\_\_ YEAR: \_\_\_\_\_

SIP FOR IDENTIFIED PRIORITY OR NEED \_\_\_\_\_

<b>COMPONENT</b>	
<b>Needs Assessment</b> A systematic review of information collected from a variety of sources, analysed to determine strengths and needs, and prioritised for action. FOCUS ON : Infrastructure; teaching & learning material; human resources and other resources; funding, etc.	
<b>Goal</b> What is the overall end result we wish to achieve to address this need?	
<b>Objective</b> What will be accomplished? When will it be accomplished?	
<b>Strategies</b> How are we going to accomplish the objective?	
<b>Implementation</b> Person(s) Responsible; Timeline; Resources	
<b>Milestones</b> Checkpoints that measure progress toward the stated objective What are the checkpoints along the way? How are we doing? Do we have to adjust the action plan in order to accomplish the objective?	
<b>Evaluation</b> Evidence of the achievement of the objective Did we accomplish what we set out to achieve in the objective? How will we know?	
<b>Budget</b> What will this cost? How will it be funded?	
<b>Management System</b> How will the principal ensure the plan gets completed? What structures or processes are in place in the school to provide the principal with a timely update on the plan's implementation? What are the targeted completion dates and who is responsible? Who will make changes when necessary?	

N.B. The template is just an example. You may use it as is or modify it to suit your needs

PRINCIPAL: \_\_\_\_\_ DATE: \_\_\_\_\_

### 5.1.10 Process: Management of public service staff performance using the Performance Management Development System (PMDS)

#### Who is this process applicable to?

- Public service staff

#### What is the referral document?

- PMDS manual

#### What is the procedure?

- At the beginning of the financial year, the public service official completes a Performance Agreement or Contract and a **Personal Development Plan (PDP)**.
- The **Performance Agreement or Contract** and **Personal Development Plan** are signed by the official and the principal/appointed HOD.
- For schools using a computerised school administration package: the **Performance Agreement or Contract** and the **Personal Development Plan** may be completed on the administration package and printed for signing.
- For schools that are without a computerised system: the **Performance Agreement or Contract** and **Personal Development Plan (PDP)** must be completed manually.
- The school administrator makes a copy of the **Performance Agreement or Contract** and **Personal Development Plan (PDP)** and files it in the official's personal file in the strong room.
- The school register is updated to indicate that the **Performance Agreement or Contract** and **Personal Development Plan (PDP)** have been forwarded to the district office.
- The school administrator forwards the signed **Performance Agreement or Contract** and **Personal Development Plan (PDP)** to the district office.
- The line supervisor and the public service official jointly review the official's performance for the first quarter at the end of the first quarter using the **Quarterly Review Form**.
- The public service official and his/her line supervisor reach an agreement and a rating is assigned.
- The public service official keeps a copy of the signed **Quarterly Review Form** and the school administrator retains the original copy in the official's personal file.
- The supervisor and public service official schedule the next quarterly review meeting.
- The principal completes the **First Quarterly Review Report** on the final ratings obtained by all the officials in the first quarter and submits it to the district PMS coordinator.
- The process of the first quarterly review is repeated for the second and third quarters.

- The line supervisor/s and the public service official meet to evaluate the official's annual performance and appraisal for the full cycle.
- The **Annual Appraisal Form** is completed. An agreement is reached and an annual rating is assigned.
- The public service official keeps a copy of the signed **Annual Appraisal Form** and the school administrator retains the original in the official's personal file.
- The completed **Annual Appraisal Form** is submitted to the district office.
- For schools using a computerised school administration package: the performance measurement appraisal and development plan may be completed on the administration package and printed out for signing.
- For schools without a computerised system: the performance measurement appraisal and development plan must be completed manually.
- The school administrator makes a copy of the signed performance measurement appraisal and development plan and files it in the official's personal file.
- The school register is updated to indicate that the performance measurement appraisal and development plan have been forwarded to the district office.
- The school administrator forwards the original signed performance measurement appraisal and development plan of the official to the district office for capturing on PERSAL.

#### Who is responsible?

- The **Performance Agreement or Contract** and a **Personal Development Plan (PDP)** to be completed by the public service official and verified by the supervisor within the first **15 days** of the new financial year.
- The **Performance Agreements or Contracts** and the **Personal Development Plans (PDP)** to be submitted by the school administrator to the district office within **20 days** of the new financial year.
- The public service official and his/her line supervisor completes the first, second and third quarterly reviews **at the end each quarter**.
- The principal to complete the **Quarterly Review Reports** by the end of each quarter and forward to the district PMS coordinator.
- The school administrator files the signed **Quarterly Review Forms** in the public service official's file and a copy of the **Quarterly Review Reports** in the school profile file.
- The annual performance appraisal assessment to be completed **15 working days** before the end of the financial year.
- Annual performance measurement appraisal assessment to be submitted **10 working days** before the end of the financial year by the school administrator to the district.



### What are the audit requirements?

- The official's personal file must be retained at the school for five years after the end of the academic year in which the official terminates his/her service.
- The completed forms must be made available for audit purposes at the school.

### What are the templates/forms?

- Performance Agreement or Contract
- Quarterly Review Form
- Annual Performance Appraisal Cover Sheet (Form 1)
- The Capabilities (Form 2)
- Overall Capability Rating (Form 3)
- Overall Rating of Workplan and Capabilities (Form 4)
- Personal Development Plan (Form 5)
- Annual Workplan/Job Description – Rating (Form 6)



## Form 1

## ANNUAL PERFORMANCE APPRAISAL COVER SHEET

This cover sheet is to be completed and attached to: the Overall Rating of Work Plan/Job Description and the Capabilities (Form 3) and the Assessment of the Capabilities (Form4).

APPRAISEE'S NAME :  
.....

WORK UNIT (Directorate etc) :  
.....

PERSAL NUMBER :  
.....

RANK :  
.....

DATE OF ENTRY INTO RANK :  
.....

SUPERVISOR/MANAGER'S NAME :  
.....

SUPERVISOR/MANAGER'S RANK :  
.....

PERIOD OF APPRAISAL :  
.....

DATE APPRAISAL CONDUCTED :  
.....

## The Capabilities

As well as an assessment against the Work Plan, staff members are also assessed against the Capabilities for their posts. The supervisor and staff member must have a thorough discussion of each of the capabilities at the beginning of the assessment period and during the end-of-year assessment discussion. This discussion should relate the capabilities to the realities of the job and discussion should centre on real-life examples of what the capabilities measure.

## Appraisal of Capabilities

- Capabilities 1-5 usually apply to all staff;
- Capabilities 1-8 generally apply to all supervisors up to the level of Deputy Director;
- The opportunity exists to add additional capabilities where appropriate;
- The opportunity also exists to amend the elements within the capabilities to make them more relevant to the particular job. In doing this, the appropriate CORE may provide a useful reference;
- The capabilities should be set bearing in mind the level and role of the job;
- At the end of the cycle supervisors must rate the staff member against each appropriate capability using the five point rating scale (i.e. Outstanding – Unacceptable).

## Overall ratings of individual Capabilities

Judgement should be used with the 'Overall Rating' at the bottom of each box of 'Elements'. In the case of the overall assessment of Capabilities, the overall capability rating should be indicated with a percentage.

Name: .....

Work Area: .....

Period: ..... / ..... / ..... to ..... / ..... / .....

### Capabilities Agreed:

Staff Member: ..... Date: .....

Supervisor: ..... Date: .....

**DEFINITION OF POINTS**

- PR 5: Outstanding** – Performance has far exceeded the agreed standards set for this objective. Has produced results of a very high standard consistently. May have sought out more complex and challenging work.
- PR 4: Very Good** – Performance has exceeded the agreed standards set for this objective. Has produced results of a high standard consistently. May have sought out more complex and challenging work.
- PR 3: Good** – Performance has fully met the agreed standards set for this objective. Has produced consistently good work.
- PR 2: Acceptable** – Performance has just met the agreed standards set for this objective. Produces work to the standard required but may have some areas requiring improvement.
- PR 1: Unacceptable** – Performance has not met the agreed standards set for this objective. Has not displayed the potential or commitment to develop their performance. A structured programme for improving performance is required.

## The Capabilities

### Capability 1: Job Performance

The manner in which staff by their work behaviour and the application of skills successfully carry out their work.

ELEMENTS	1	2	3	4	5
Uses work time efficiently					
Manages resources carefully					
Plans and prioritises work					
Works effectively without supervision					
<b>Overall rating of this capability</b>					

### Capability 2: Job Knowledge and Application

Seeking, having and maintaining the necessary knowledge to do the job. Being able to apply the knowledge sensibly to achieve results, not simply applying the 'rules'.

ELEMENTS	1	2	3	4	5
Understands and use the appropriate policies and procedures					
Is results focussed not just 'rules' focussed					
Keeps up-to-date					
Understands current and new work procedures and policies of the Department					
<b>Overall rating of this capability</b>					

### Capability 3: Interpersonal Relations

Maintaining sound interpersonal relations with colleagues, clients and stakeholders to ensure an harmonious and productive work environment.

ELEMENTS	1	2	3	4	5
Cooperates with others (colleagues, clients and stakeholders)					
Treats others with respect					
Contributes to teamwork					
Contributes to conflict resolution					
Strives to empower colleagues, clients and stakeholders					
<b>Overall rating of this capability</b>					

### Capability 4: Communication

Communicates with colleagues, clients and stakeholders in an accurate, timely, clear and courteous manner. Promotes transparency, trust and common understanding in the way he/she communicates.

ELEMENTS	1	2	3	4	5
Ensures regular and appropriate communication occurs					
Has effective listening skills with all stakeholders					
Promotes and ensures easy access to information					
Consults on initiatives and workloads					
Keeps in regular communication with other appropriate work units					
Gives regular feedback both positive and negative as appropriate					
<b>Overall rating of this capability</b>					

### Capability 5: Client Service

Ability to render quality service to both internal and external clients.

ELEMENTS	1	2	3	4	5
Demonstrates a sound understanding of <i>Batho Pele</i>					
Seeks to continuously improve service					
Responds to enquiries and complaints efficiently and in set timelines					
<b>Overall rating of this capability</b>					

### Capability 6: Operational Leadership Abilities

The ability to guide and direct the efforts of the group so that they work effectively to achieve their objectives.

ELEMENTS	1	2	3	4	5
Sets clear goals and expectations					
Accepts responsibility and accountability for the work of the group					
Delegates appropriately					
Facilitates training and development					
Manages poor performance					
Facilitates conflict resolution in the team					
Gives acknowledgement and recognition where it is due					
<b>Overall rating of this capability</b>					

## Capability 7: Visionary Leadership Abilities

Concerned with forward thinking, accepting challenges and opportunities. Develops and communicates a clear and relevant vision for the unit/department.

ELEMENTS	1	2	3	4	5
Promotes/translates an understanding of the Government's vision					
Represents the Department effectively					
Initiates and manages change in pursuit of strategic objectives					
Contributes to achievement of corporate objectives					
Builds and supports a high performance team					
<b>Overall rating of this capability</b>					

## Capability 8: Conceptual and Analytical Skills

Able to analyse situations/issues and to develop clear, rational policy and operational responses and advice. Presents clear briefing and policy advice.

ELEMENTS	1	2	3	4	5
Able to analyse complex situations/issues and recognise the conceptual framework					
Able to develop sound, clear and rational advice which is cognizant of the existing policy context					
Able to generate innovative/creative responses to problems					
Ability to provide effective written/oral briefing on complex issues					
<b>Overall rating of this capability</b>					



### Overall Capability Rating

CAPABILITIES *		1	2	3	4	5
1.	Job performance					
2.	Job knowledge and application					
3.	Interpersonal relations					
4.	Communication					
5.	Client service					
6.	Operational leadership abilities					
7.	Visionary leadership abilities					
8.	Conceptual and analytical skills					
Overall capability rating						

\* Use only those Capabilities relevant to the level.

**Comments:**

Capabilities Rating Agreed/Disagreed:

Staff Member: ..... Date: .....

Supervisor: ..... Date: .....

Director: ..... Date: .....

### OVERALL RATING OF WORK PLAN AND CAPABILITIES

The overall rating of performance is derived from a combination of the ratings against the Work Plan and the relevant capabilities.

	RATING
1. OVERALL RATING FROM THE JOB DESCRIPTION	
2. OVERALL RATING FROM THE CAPABILITIES	
3. OVERALL PERFORMANCE RATING (1 + 2 ABOVE)	%

### MARKS ALLOCATED BY ASSESSMENT COMMITTEE

OVERALL PERFORMANCE	MERIT AWARD	NOTCH
%		
SIGNATURE OF CHAIRPERSON:		

#### Comments Section

STAFF MEMBER'S COMMENTS:
SUPERVISOR/MANAGER COMMENTS:
NEXT LEVEL SUPERVISOR'S COMMENT:
STAFF MEMBER'S SIGNATURE: DATE:
SUPERVISOR/MANAGER'S SIGNATURE: DATE:
DIRECTOR/CHIEF DIRECTOR'S SIGNATURE: DATE:

**PERSONAL DEVELOPMENT PLAN**

**TRAINING AND DEVELOPMENT NEEDS**

Based on the outcome of the performance appraisal discussion, the supervisor and staff member should identify any areas where the staff member could improve their performance. This could be to improve in a weak area or become even better in a strong area. These needs should be listed in priority order.

DEVELOPMENT NEED	PROPOSED ACTION IN RESPONSE TO THE NEED

This Personal Development Plan is agreed for action over the next twelve months.

**OFFICER:** ..... /...../.....  
 SIGNATURE DATE

**SUPERVISOR:** ..... /...../.....  
 Signature Date

Form 6

Annual Work Plan/Job Description - Rating

KEY OBJECTIVE	COMMENTS ON PERFORMANCE	RATING
1.		1 2 3 4 5
2.		1 2 3 4 5
3.		1 2 3 4 5
4.		1 2 3 4 5
5.		1 2 3 4 5
6.		1 2 3 4 5
Overall Work Plan Rating		1 2 3 4 5

Name: ..... Work Area: ..... Period: ..... / ..... / ..... to ..... / ..... / .....

Agreed / Disagreed

Signed: ..... / ..... / ..... (Staff Member) ..... / ..... / ..... (Supervisor)

Director: ..... Date: .....

## 5.2 Processes Completed only when Necessary

### 5.2.1 Process: Management of staff relocation

#### Who is this process applicable to?

- Public educators
- Public service staff

#### What are the referral documents?

- None

#### What is the procedure?

- The educator/public service official completes the **Relocation Form** to request for relocation to be approved based on one of the following reasons:
  - Transfer
  - Promotion
  - Swapping with another official
- The educator/public service official submits the completed **Relocation Form** with the supporting documentation to the school administrator.
- The supporting documentation to prove that the educator or public service staff is relocating to another school includes:
  - A transfer letter
  - An appointment letter/promotion letter
  - Letter to request for a swap with another official
- For schools that are computerised: the **Relocation Form** may be completed on the school's computerised administration package and printed out for signing.
- For schools that are not computerised: the **Relocation Form** must be completed manually.
- The school principal verifies and approves the **Relocation Form** by signing it.
- The school administrator forwards the **Relocation Form** and a copy of the supporting documentation to the school the official will relocate to, for approval from the principal of that school.
- The school administrator of the receiving school ensures that if the official is swapping locations with another official, the post must be of the same level.
- The principal of the receiving school verifies and approves the relocation of the official to his/her school and forwards the **Relocation Form** to the school the official is relocating from.
- The school administrator makes a copy of the completed form and supporting documentation and files it in the official's personal file.

- The school administrator forwards the completed **Relocation Form** and supporting documentation to the district office for capturing on PERSAL.
- The school receives the letter of approval for relocation which the principal verifies.
- The school administrator makes a copy of the letter and files it in the official's personal file and the original is given to the official.
- The personal file is sent via secured mail to the new organization.

### Who is responsible?

- The educator completes the **Relocation Form** when transfer/promotion/swapping is confirmed.
- The principal verifies and signs the **Relocation Form within a day** of receipt from the educator.
- The school administrator sends the **Relocation Form** to the receiving school **within 2 days**.
- The principal of the receiving school completes and verifies the **Relocation Form** and sends it back to the school the official is relocating from **within 2 days**.
- The completed form is sent to the district office **within 2 days** of receipt from the receiving school.

### What are the audit requirements?

- A copy of the completed **Relocation Form** is attached to the educator's / public service official's personal file.
- The educator's/public service official's personal file must be retained in the strong room for five years after the official has left the school for auditing purposes.

### What are the templates/forms?

- Relocation Form







### 5.2.2 Process: Management of staff resettlement

#### Who is this process applicable to?

- Public educators
- Public service staff

#### What are the referral documents?

- Provincial Resettlement Policy

#### What is the procedure?

- The educator/public service official who has relocated completes and signs the following forms:
  - **The Resettlement Questionnaire**
  - **Subsistence and Travel (S & T) Form**
  - **Certificate of Satisfactory Removal of Furniture and Personal Effects**
- The educator/public service official submits the completed forms to the school administrator of the school to which s/he has relocated to.
- The educator/public service official submits three quotations for the removal, storage, insurance and delivery of personal effects.
- The school administrator ensures that the forms are verified and signed by the principal.
- For schools that are computerised: the forms may be completed on the school's computerised administration package and printed out for signing.
- For schools that are not computerised: the forms must be completed manually.
- The school administrator makes a copy of the completed forms and files it in the official's personal file.
- The school administrator forwards the completed form to the district office to which the educator/public service official has relocated to, for capturing on PERSAL.

#### Who is responsible?

- The **Resettlement Questionnaire** is completed and verified **10 working days** after relocation has been approved by the principal of the new school.
- The **Subsistence & Travel Form** is completed once, **within a month** of expenses having been incurred.
- The **Certificate of Satisfactory Removal of Furniture and Personal Effects** is completed **within a week** of removal of furniture.
- All forms are submitted to district office **2 working days** after receipt.

**What are the audit requirements?**

- A copy of the completed forms are attached to the educator's/public service official's personal file.
- The educator's/public service official's personal file must be retained in the strong room for five years after the official has left the school for auditing purposes.

**What are the templates/forms?**

- Resettlement Questionnaire
- Subsistence and Travel (S & T) Form
- Certificate of Satisfactory Removal of Furniture and Personal Effects

## RESETTLEMENT QUESTIONNAIRE

To enable the Department to furnish you with information and/or approval on your intended resettlement, you are requested to furnish the following information within one week after the date of assumption of duty:

1. Name: \_\_\_\_\_
  2. Persal number: \_\_\_\_\_
  3. Marital status: \_\_\_\_\_
  4. If you are single (unmarried or divorced) but you do have dependant/s, please indicate whether the dependant/s is/are lawfully allocated to you (please attached verification documents) and how they are related to you: \_\_\_\_\_
  5. Dependant/s: \_\_\_\_\_
  6. Age: \_\_\_\_\_
  7. Grades: \_\_\_\_\_
  8. Please indicate which one is applicable in your case:
 

Appointment with/without promotion	<input type="checkbox"/>
Promotion	<input type="checkbox"/>
Transfer	<input type="checkbox"/>
- 
- Previous employer and location: \_\_\_\_\_
9. Do you plan to relocate? \_\_\_\_\_ . If so, from (city/town/residential area) \_\_\_\_\_ to \_\_\_\_\_
  10. Do you own furniture and are you going to have it transported to your new headquarters? \_\_\_\_\_
  11. Do you plan to store your furniture and for how long? \_\_\_\_\_
  12. Are you the owner or co-owner of your house at your previous headquarters? \_\_\_\_\_
  13. If so, do you plan to sell your house? \_\_\_\_\_
  14. Are you going to buy a house at your new headquarters with the aim to settle there permanently? \_\_\_\_\_

15. If you are not going to settle permanently, what are the reasons and where are you going to stay/rent/board? \_\_\_\_\_  
\_\_\_\_\_
16. Are you going to make use of interim accommodation? \_\_\_\_\_
17. If so, why? \_\_\_\_\_  
\_\_\_\_\_
18. Are you, alone, going to make use of interim accommodation? \_\_\_\_\_
19. Are you also going to use interim accommodation during weekends or will you join your family? \_\_\_\_\_
20. Distance between old and new headquarters: \_\_\_\_\_
21. Make and engine capacity of your vehicle: \_\_\_\_\_  
\_\_\_\_\_



**CERTIFICATE OF SATISFACTORY REMOVAL OF FURNITURE AND PERSONAL EFFECTS**

I \_\_\_\_\_, hereby declare that the removal of my furniture and personal effects was done in a satisfactory manner by \_\_\_\_\_ (removal company) and that no claim for damages or loss will be instituted against them.

---

SIGNATURE

DATE:

### 5.2.3 Process: Management of staff state guarantee for a home loan

#### Who is this process applicable to?

- Public educators
- Public service staff

#### What is the procedure?

- The permanent educator or public service official requiring a state guarantee for a home loan completes sections A, B and C of the **State Guarantee for Home Loan Form – Z572 Form**, attaches all supporting documentation and signs the form.
- The educator or public service official submits the **State Guarantee for Home Loan Form** to the school administrator.
- The school administrator ensures that the principal completes section E of the **State Guarantee for Home Loan Form**, checks and verifies the form.
- The school administrator makes a copy of the **State Guarantee for Home Loan Form** and files it in the educator's/public service official's personal file and stores it in the strong room at the school.
- The school administrator forwards the original **State Guarantee for Home Loan Form** to the district office for completion of the form.
- The school register must be completed to indicate that the signed **State Guarantee for Home Loan Form** has been furnished to the district office and the register must be stored in the strong room in the school.
- After capturing on PERSAL has been completed by the district, the school principal receives a letter from the district office addressed to the educator/public official indicating whether the application has been approved or not.
- If the application is approved, a copy of the guarantee is also received with the approval letter from the district office, which the principal furnishes to the educator/public service official.
- If the application is not approved, the principal furnishes the educator/public service official with the letter of rejection, received from the district office.
- If the school does not receive a response from the district office within four (4) working days from the date of submission to the district office, then the school administrator must make a written follow up with the district office.
- The written follow up is signed by the principal and a copy is filed in the educator's/public service official's file and stored in the strong room.
- For schools that are computerised: the school administrator captures the state guarantee for home loan details on the school's administration package to indicate whether the state guarantee for a home loan is approved on PERSAL or not.



**Who is responsible?**

- The educator or public service official completes the **State Guarantee for Home Loan Form (Z 572)**.
- The principal completes, verifies and signs the **State Guarantee for Home Loan Form 1 day** after receipt from the educator or public service official.
- The school administrator submits the **State Guarantee for Home Loan Form** to the district office within **3 working days** of receipt from the educator/public service official.

**What are the audit requirements?**

- A copy of the completed **State Guarantee for Home Loan Form** must be filed in the educator's/public service official's personal file.
- The educator's/public service official's personal file must be retained in the strong room for five years after s/he has left the school for audit purposes.

**What are the templates/forms?**

- State Guarantee for Home Loan Form – Z572



**AANSOEK OM STAATSWAARBORG • APPLICATION FOR STATE GUARANTEE**

**A**

Van (blokletters)  
Surname (block letters) ..... ID. No .....

Voorname  
Christian names ..... Geslag  
Sex .....

Salaris/Magsnommer  
Salary/Force number ..... Rang  
Rank .....

Datum van aanstelling  
Date of appointment ..... Kantoor/Afdeling  
Office/Division .....

Standplaas  
Stationed at ..... Werkstelefoonnommer  
Work telephone number .....

Werkspasadres  
Work postal address .....

**B**

Die Staatswaarborg word verlang vir • The State guarantee is required for—(Merk met • Mark with X)

Aankoop van:  Huis  Woonstel  Erf  
Purchase of:  House  Flat  Stand

Bou van huis  Verbouing/aanbouing aan huis  Strukturele instandhouding  
 Building of house  Improvement/extension to house  Structural maintenance

Die eiendom is geleë te (straat)\*  
The property is situated at (street)\* .....

Voorstad  
Suburb ..... Stad/Dorp  
City/Town .....

Naam van bouvereniging/bank waar u wil aansoek doen om 'n lening  
Name of building society/bank where you want to apply for a loan .....

\* Indien adres van eiendom nog nie bekend is nie, dui net stad/dorp aan waar u 'n eiendom wil verkry.  
If address of property is not yet known, only indicate in which city/town you want to acquire a property.

**C**

Besit u of u gade enige onroerende eiendom?  
Do you or your spouse own any immovable property?  Ja  Nee  
Yes No

Indien wel, gee adres van eiendom: Straat  
If yes, give address of property Street .....

Voorstad  
Suburb ..... Stad/Dorp  
City/Town .....

Is 'n waarborg al voorheen onder die skema aan u toegestaan?  
Has a guarantee already previously been granted to you under this Scheme?  Ja  Nee  
Yes No

Indien wel, gee adres van eiendom: Straat  
If yes, give address of property Street .....

Voorstad  
Suburb ..... Stad/Dorp  
City/Town .....

## ONDERNEMING EN VRYWARING AAN DIE STAAT IN SY DEPARTEMENT VAN

1. Ek verklaar dat die eiendom waarvoor 'n Staatswaarborg aangevra word vir my persoonlike bewoning is (uitgesluit beamptes/werknemers wat in die buiteland diens doen of wat amptelike kwartiere moet bewoon) en dat die inligting wat in dele A, B en C van hierdie vorm verstrek is, waar en juis is.
2. Indien 'n Staatswaarborg ingevolge artikel 25A saamgelees met artikel 25 van Wet 11 van 1977 namens my aan 'n goedgekeurde FINANSIËLE INSTELLING uitgereik word met die doel om my in staat te stel om 'n 100% behuisingslening te bekom wat deur middel van 'n verband teen die eiendom versekureer sal word, aanvaar ek die volgende voorwaardes met betrekking tot die Staatswaarborg.

\* 2.1 In hierdie voorwaardes is die Waarborggewer ook die Werkgewer.

3. Ek verleen hiermee onvoorwaardelik, en in rem saum magtiging aan my WERKGEWER om maandeliks enige bedrag wat kragtens voormelde verband betaalbaar is, of sal wees, van my salaris af te trek en aan die FINANSIËLE INSTELLING wat 'n lening en 'n verband aan my toestaan, te betaal, met inbegrip van assuransiepremies betaalbaar ten opsigte van die eiendom onder verband en ek onderneem om die nodige aftrekorder vir die doel te onderteken wanneer die waarborg uitgereik word en ek onderneem verder om die gemelde aftrekorder te kanselleer voordat die Staatswaarborg ten opsigte van die betrokke eiendom verval het nie. Indien die rentekoers van toepassing op my Behuisingsverbandrekening sou verander, magtig ek verder hiermee my WERKGEWER om die bedrag wat kragtens my aftrekorder betaalbaar is te wysig soos deur die VERBAND-HOUER vasgestel. Ek onderneem verder om, totdat die vereiste aftrekorder in werking gestel is, die verlangde paaierement in kontant by die betrokke FINANSIËLE INSTELLING se kantore in te betaal en om bewys van sodanige betalings onverwyld by my WERKGEWER in te dien.
4. Indien ek met verlof sonder betaling is, onderneem ek om alle paaierement wat kragtens voormelde verband gedurende sodanige tydperk betaalbaar word, direk aan die betrokke VERBANDHOUER te betaal. Indien ek versuim om genoemde paaierement te betaal, verleen ek hiermee aan my WERKGEWER magtiging om die nodige aftrekkings van my salaris en toelaes te maak, ter vereffening van my agterstallige paaierement, sodra ek diens hervat.
5. As ek ophou om lid te wees van 'n pensioenfonds soos bepaal in artikel 25A saamgelees met artikel 25 van Wet 11 van 1977 of as die eiendom wat as sekerheid vir die lening gestel is deur die FINANSIËLE INSTELLING verkoop word, is ek vanaf daardie oomblik af aan die WAARBORGGEWER die bedrag verskuldig wat nodig is om die WAARBORGGEWER van sy waarborg aan die FINANSIËLE INSTELLING te ontfang en hierdie bedrag vorm 'n likwiede skuld wat deur skuldvergelyking aangewend kan word in mindering van enige eise of skulde (insluitende enige salaris) of ander gelde aan my verskuldig. Ek dra kennis daarvan dat op hierdie skuld rente, soos van tyd tot tyd van toepassing op skulde aan die Staat, soos deur die Minister van Finansies bepaal in gevolge die Skatkiswet, 1975 (Wet 66 van 1975), gehef word en dat enige gelde betaalbaar aan my ingevolge enige pensioenfonds bedoel in artikel 25A saamgelees met artikel 25 van Wet 11 van 1977 deur die WAARBORGGEWER aangewend kan word in mindering of vereffening van my genoemde skuld.
6. Ek vrywaar die WAARBORGGEWER teen betaling van enige bedrae wat hy kragtens of ten gevolge van die borgakke aan die betrokke VERBANDHOUER verplig mag wees om te betaal en ek onderneem om sodanige bedrae op aanvraag aan die WAARBORGGEWER te betaal. Ek stem spesiaal daartoe in dat 'n eis, onderteken deur 'n beampte van die WAARBORGGEWER voldoende bewys sal wees van die bedrag wat aan die WAARBORGGEWER verskuldig en betaalbaar is.

\* Nie van toepassing op 'n werknemer van 'n statutêre instelling nie. Haal deur.

Parafêre veranderings en onder aan bladsy.

## UNDERTAKING AND INDEMNITY TO THE STATE IN IT'S DEPARTMENT OF

1. I declare that the property for which a State guarantee is applied for, is for my personal occupation (excluding officials who are on foreign service duty or who occupy official quarters) and that the information given in parts A, B and C of this form is true and correct.
2. If a State guarantee is issued to an approved FINANCIAL INSTITUTION on my behalf in terms of section 25A read in conjunction with section 25 of Act 11 of 1977 for the purpose of enabling me to obtain a 100% housing loan which will be secured by a bond against the property, I accept the following conditions in connection with the State guarantee.

\* 2.1 In these conditions the Guarantor is also the Employer.

3. I hereby unconditionally and in rem saum authorise my EMPLOYER to deduct monthly from my salary and to pay over the FINANCIAL INSTITUTION which provides the loan and a bond, any amount that is due or becomes due by virtue of the above-mentioned bond, including insurance premiums payable in respect of the mortgaged property and I undertake to sign the necessary stop order for this purpose when the guarantee is issued and I further undertake not to cancel the said stop order before the State guarantee in respect of the relevant property has expired. Should the rate of interest charged on my Home Loan Account change I further authorise my EMPLOYER to adjust the amount paid in terms of my stop order as determined by the MORTGAGEE. I further undertake to pay the required installment in cash to the office of the relevant FINANCIAL INSTITUTION, until the required stop order becomes operative and to submit proof of these payments without fail to my EMPLOYER.
4. Should I be on unpaid leave, I undertake to pay all installments that become due by virtue/in consequence of the above-mentioned bond during that period of time, directly to the MORTGAGEE concerned. Should I fail to pay the above-mentioned installments, I hereby authorise my EMPLOYER to deduct the necessary amounts from my salary and allowances, to settle all my overdue installments, as soon as I resume duty.
5. Should I cease to be a member of a pension fund as determined by section 25A read in conjunction with section 25 of Act 11 of 1977 or should the property secured by the loan, be sold by the FINANCIAL INSTITUTION, then I am from that point onwards indebted to the GUARANTOR for such amount as may be required to release the GUARANTOR from its guarantee to the FINANCIAL INSTITUTION which amount shall constitute a liquid debt to be set off against any claims or debts the GUARANTOR has towards me (including any salary) or other monies due to me. I am aware of the fact that interest will be payable on this debt at the rate from time to time applicable on debts to the State as determined by the Minister of Finance in terms of the Exchequer Act, 1975 (Act 66 of 1975) and that any monies payable to me in terms of any pension fund as stipulated in section 25A read in conjunction with section 25 of Act 11 of 1977, may be used by the GUARANTOR for the purpose of reducing or setting my said indebtedness.
6. I indemnify the GUARANTOR with respect to payment of any amounts which the GUARANTOR may be obliged to pay by virtue or as a result of the bond to the respective MORTGAGEE and I undertake to pay such amounts on demand to the GUARANTOR. I specifically agree that a claim, signed by an official of the GUARANTOR will be sufficient proof of the amount due and payable to the GUARANTOR by me.

\* Not applicable to an employee of a statutory institution. Delete.

Initial changes and at the bottom of page.

- |  |   |
|--|---|
| <p>7. Nieteenstaande die bepalings van artikel 4 van Wet 58 van 1962, verleen ek hiermee goedkeuring dat die ONTVANGER VAN INKOMSTE volle besonderhede aangaande my adres op aanvraag aan die WAARBORGGEWER mag verstrek, indien die WAARBORGGEWER dit nodig mag ag vir die invordering van enige bedrae wat ek ingevolge hierdie ooreenkoms aan die WAARBORGGEWER mag skuld.</p> <p>8. Terwyl ek nog enige bedrae onder hierdie ooreenkoms aan die WAARBORGGEWER verskuldig is, onderneem ek om MY WERKGEWER van enige verandering van my adres in kennis te stel en as ek nalaat om dit te doen onderneem ek om enige koste wat aangegaan mag word om my op te spoor aan die WAARBORGGEWER terug te betaal.</p> <p>9. Indien dit nodig sou word om 'n dagvaardiging uit te reik vir die invordering van enige bedrae onder hierdie ooreenkoms sal ek aanspreeklik wees vir die betaling van sodanige koste, insluitende prokureurs- en kliëntekoste en vir invorderingskoste, waar van toepassing.</p> <p>10. Geen ander ooreenkoms wat hierdie ooreenkoms wysig, daaraan toevoeg, daarvan deurhaal of dit kanselleer, en geen afstanddoening van die regte onder hierdie ooreenkoms sal van krag wees of geldig wees nie tensy dit op skrif gestel en deur albei partye onderteken is.</p> <p>11. Geen tegemoetkoming of toegewing deur of namens die WAARBORGGEWER sal 'n afstanddoening van die bepalings van die ooreenkoms daarstel behalwe ten opsigte van die spesifieke geval en alleenlik vir daardie doel en tot die mate daarin bedoel.</p> <p>12. Ek stem hierby toe tot die regsbevoegdheid van die Landdroshof ten opsigte van enige aksie of eis wat uit hierdie ooreenkoms mag voortspruit ongeag of die bedrag van die eis die jurisdiksie van die hof oorskry.</p> <p>13. As domicilium citandi et executandi en vir die betekening van enige regsproses kies ek die volgende straatadres:</p> | <p>7. Despite the conditions of section 4 of Act 58 of 1962, I hereby grant permission to the RECEIVER OF REVENUE to supply full details in connection with my address on demand to the GUARANTOR, should the GUARANTOR deem it necessary in order to recover any amounts for which I am indebted to the GUARANTOR in connection with this agreement.</p> <p>8. While still indebted to the GUARANTOR for any amount under this agreement, I promise to notify my EMPLOYER of any change in my address and should I neglect to do so, I undertake to pay the GUARANTOR any expenses incurred in tracing me.</p> <p>9. Should there be a need to issue a court summons/citation to recover any amounts due in respect to this agreement I shall be liable for the payment of such expenses incurred, including client's costs, attorney's fees and recovering costs, where applicable.</p> <p>10. No other agreement which alters/adds to/strikes out parts of or cancels this agreement and no renouncements of the rights under this agreement will come into force or be binding unless it has been recorded in writing and has been signed by both parties.</p> <p>11. No compromise or concession by or on behalf of the GUARANTOR will bring about a renouncement of the conditions of this agreement except for a specific case and then only exclusively for that purpose and to the extent intended therein.</p> <p>12. I hereby agree to the jurisdiction of the Magistrate's Court in respect of any action or claim that may rise out of this agreement irrespective of whether the amount of the claim exceeds the jurisdiction of the court.</p> <p>13. As domicilium citandi et executandi and for the purpose any legal procedure I choose the following street address:</p> |
|--|---|

ADRES  
ADDRESS .....

ONDERGETEKEN TE  
SIGNED AT .....

DATUM  
DATE .....

HANDTEKENING van applikant  
SIGNATURE of applicant .....

- |   |   |
|---|---|
| <p>14. Indien die applikant 'n getroude vrou is wie se eggenoot medies ongeskik is en die eggenoot se maritale mag is nie uitgesluit nie, moet die vrywaring ook deur die eggenoot onderteken word.</p> | <p>14. If the applicant is a married woman, whose spouse is medically unfit and the marital power of the spouse is excluded then the spouse must also sign the indemnity.</p> |
|---|---|

ONDERTEKEN TE  
SIGNED AT .....

DATUM  
DATE .....

HANDTEKENING van applikant se eggenoot  
SIGNATURE of applicant's spouse .....

ID NOMMER van applikant se eggenoot  
ID NUMBER of applicant's spouse .....



#### 5.2.4 Process: Management of staff injury on duty

##### Who is this process applicable to?

- Public educators
- Public service staff

##### What are the referral documents?

- Application of the Compensation for Occupational Injuries and Diseases Act (COIDA) in the workplace: A Guide for Government Departments.

##### What is the procedure?

- The educator/public service staff that has been injured on the premises of the school in which he/she teaches or works during working hours, completes, dates and signs the **Notice of Accident and Claim for Compensation Form** in terms of the Compensation for Occupational Injuries and Diseases Act of 1993.
- The educator/public service staff completes an affidavit indicating the nature of the injury and how the accident occurred.
- The applicant ensures that a registered, private or hospital medical practitioner completes, dates and signs the **First Medical Report in Respect of an Accident Form** in terms of the Compensation for Occupational Injuries and Diseases Act of 1993 and returns the form to the applicant or forwards the form directly to the Workman's Compensation Commissioner (Department of Labour).
- The educator/public service staff ensures that the medical practitioner completes, dates and signs the **Final/Progress Medical Report in Respect of an Accident Form** in terms of the Compensation for Occupational Injuries and Diseases Act of 1993 at the progressive or final consultation, a stipulated number of days after the injury and returns the form to the educator/public service staff or forwards the form directly to the Workman's Compensation Commissioner.
- The principal of the school must complete the **Employer's Report of an Accident Form** in terms of the Compensation for Occupational Injuries and Diseases Act of 1993.
- The educator/public service staff submits the completed **Affidavit and Notice of Accident and Claim for Compensation Form** and original supporting documentation to the school administrator.
- A copy of the required supporting documentation to be kept in the educator's/public service official's personal file at the school include:
  - An original medical certificate from the registered medical practitioner
  - Additional medical reports and a completed **Medical Report in Respect of an Accident Form**



- The school administrator ensures that the completed **Affidavit, Notice of Accident and Claim for Compensation Form** and the **Employer's Report of an Accident Form** is verified and signed by the principal and the **Medical Report in Respect of an Accident Form** is verified and attached.
- The school administrator makes a copy of the relevant forms, reports and the supporting documentation and it must be stored in the strong room.
- The school administrator updates the school register to indicate that the signed forms have been furnished to the district office.
- The school administrator submits the completed **Affidavit, Notice of Accident and Claim for Compensation Form**, the **Employer's Report of an Accident Form** and the **First Medical Report in Respect of an Accident Form** or **Final/Progress Medical Report in Respect of an Accident Form**, reports and of the relevant supporting documentation to the district office.
- A copy of the signed forms, reports and supporting documentation are filed in the educator's/public service official's personal file at the school and stored in a strong room.
- The school receives a letter of acknowledgement and a special case number from the district office addressed to the educator/public service official.
- The school administrator forwards the letter with the special case number to the educator/public service official to use in any correspondence with the medical practitioner relating to the injury.
- If the Workmans' Compensation Commissioner approves the application, the principal receives a letter of acceptance with the special case number from the Compensation Commissioner.
- The school administrator updates the register of Injuries on Duty to insert the case number.
- If the Workmans' Compensation Commissioner does not approve the application, the principal receives a letter of notification of rejection from the Compensation Commissioner.
- The official may then lodge an objection on the **Objection against the decision of the Commissioner Form** if the official wishes to do so.
- The school administrator makes a copy of the letter of acceptance/non-acceptance from the Compensation Commissioner and files it in the educator's/public service official personal file.
- The school administrator furnishes the letter to the applicant.
- For claims being submitted directly by the educator/public service official; the official completes the **Injury on Duty Claim Form** and submits it with the original medical report and certificate together with a copy of the acceptance letter and the claim number to the school administrator. The school administrator makes a copy of the **Injury on Duty Claim Form** and supporting documents, which are filed in the educator's/public service official's personal file. The school administrator submits the original form and supporting documents to the district office.

- If the educator/public service official uses his/her medical aid to pay the medical practitioner, then the medical aid is refunded directly. If the applicant pays cash to the medical practitioner, then the applicant is refunded.
- If the educator/public servant is not reimbursed for medical treatment and/or medication s/he has paid for s/he may complete the **Inquiry Re/Unpaid Medical/Chemist Account Form**

### Who is responsible?

- The principal completes and verifies the **Employer's Report of and Accident Form** within **2 working days of the injury**.
- The educator/public service official completes the **Affidavit by Employee and the Notice of Accident and Claim for Compensation Form**. It is the responsibility of the educator/public service official to get both the **First Medical Report** and the **Final Medical Report** completed by a medical practitioner.
- The school administrator submits all forms and supporting documents to the district office **within 2 days** of receipt from the educator/public service official.

### What are the audit requirements?

- Copies of all the forms and supporting documentation are filed and attached to the educator/public service official's personal records file.
- The educator's/public service official's personal file must be retained in the strong room for five years after the official has left the school for auditing purposes.

### What are the templates/forms?

- Affidavit by Employee (completed at a police station)
- Notice of Accident and Claim for Compensation Form
- First Medical Report in Respect of an Accident Form
- Final/Progress Medical Report in Respect of an Accident Form
- Employer's Report of an Accident Form
- Inquiry Regarding Unpaid Medical Accounts
- Objection against the Decision of the Commissioner Form





**labour**

Department:  
Labour  
REPUBLIC OF SOUTH AFRICA

Claim Number: .....

**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**

**AFFIDAVIT BY EMPLOYEE**

1. I, the undersigned, .....  
of (address) ..... Postal code .....  
Tel. no.: (.....).....  
make oath and state: -
2. My I.D. Number is ..... My date of birth is .....
3. (a) I injured my ..... on (date) .....  
whilst in the employ of (Name and address of employer) .....
- .....  
(b) Description of the accident: .....
- .....  
(c) My earnings at the time of the accident was R..... per week/month.
- \*4. (a) I notified Mr/Mrs ..... on ..... of the accident.  
(b) I did not notify my employer of the accident because .....
- .....
5. I was off duty for the following period as a result of this accident:  
From..... to .....  
From..... to .....
- \*6. (a) I was discharged by my employer on ..... and is presently employed by .....  
Address: .....
- (b) I am still in the employ of my employer .
- \*7. (a) I have received cash advances/earnings of R..... from my employer whilst I was off duty  
for the period ..... to .....
- (b) I am unemployed and had no income for the period(s) claimed for at item 5.
8. Remarks: .....

.....  
SIGNATURE OR RIGHT THUMB OF EMPLOYEE

1. I certify that before administering the oath/affirmation, I asked the deponent the following questions and wrote down his/her answers in his/her presence:  
(a) Do you know and understand the contents of the declaration? (YES/NO) .....  
(b) Do you have any objection to taking the prescribed oath? (YES/NO) .....  
(c) Do you consider the prescribed oath to be binding on your conscience? (YES/NO) .....
2. I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and that the deponent's signature/thumb print was placed in my presence.

.....  
SIGNATURE OR RIGHT THUMB OF EMPLOYEE

Name and Surname: .....  
Designation (Rank) ..... Ex. Officio Republic of South Africa  
Date ..... Place .....

\*DELETE WHERE NOT APPLICABLE

**Call Centre No.: 086 010 5350 - Fax No.: (012) 323-8627 or (012) 323-6986  
E-mail: cf-info@labour.gov.za - Website: www.labour.gov.za**





labour

Department:  
Labour  
REPUBLIC OF SOUTH AFRICA

**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**

Section 6(A) – Annexure 13

**EMPLOYER'S REPORT OF AN ACCIDENT**

(For official use only)

Claim No.: .....
Provincial Office .....
Date .....

**DIRECTIONS FOR COMPLETING OF FORM BY EMPLOYER**

*This form must be completed:*

- (1) Whenever an employee meets with an accident arising out of and in the course of his/her employment resulting a personal injury for which medical treatment is required, or death.
- (2) Whenever an employee reports any personal injury to his/her employer, if in making the report the employee alleges that such injury arose out of land in the course of his/her employment.

**(Where the accident has caused death, unconsciousness or amputation or where the injured employee is presumed unable to work for a period of at least 14 days, the Provincial Executive Manager of Labour must ALSO be notified by telephone or fax, without delay).**

- Step 1 Complete "Part A", page 1 of the form by giving full details, sign and date form where indicated.
- Step 2 Detach "Part B" (an automatic copy of "Part A", page 1) by tearing it at the perforation, hand "Part B" to the employee and request him/her to hand it to the medical practitioner/chiropractor or the hospital concerned. **In serious cases "Part B" must be forwarded to the medical practitioner/chiropractor or the hospital without delay.**
- Step 3 Complete "Part A", page 2 of the form by giving full details.
- Step 4 **Forward the completed report of an accident together with a certified copy of the employee's ID and the First Medical Report (W.CI.4) (if available) to:**

**THE COMPENSATION COMMISSIONER  
COMPENSATION HOUSE**

**CNR. SOUTPANSBERG AND HAMILTON ROAD  
P.O. BOX 955  
PRETORIA  
0001**

Call Centre **086 010 5350**  
Fax **(012) 323-8627**  
**(012) 325-6686**  
**(012) 326-7889**  
**(012) 323-6986**

e-mail • [cf-info@labour.gov.za](mailto:cf-info@labour.gov.za)  
Website • <http://www.labour.gov.za>

**N.B.:**

- 1) Complete a separate form in respect of each injured employee.
- 2) This form must be delayed in expectation of the employee resuming employment or awaiting medical reports.
- 3) An employer who fails to report any accident within 7 days to the Compensation Commissioner on this form, shall be guilty of an offence in terms of the Compensation for Occupational Injuries and Disease Act, 1993 and may held liable for the full amount of compensation payable in respect of such accident.
- 4) An employer who fails to report accidents that have caused death, unconsciousness or amputation or cases where the injured employee is presumed unable to work for a period of at least fourteen days to the Provincial Executive Manager of Labour by telephone or fax, shall be guilty of an offence in terms of the occupational Health and Safety Act, 1993.
- 5) Use the appropriate form or the reporting of occupational diseases. (W.CI.1).
- 6) If an injured employee should leave your employ, please keep record of the address where he/she can reached so that monies which might be payable to him/her from the Compensation Fund, can be sent to him/her with your assistance.
- 7) Minor injuries where no medical attention was required should not be reported, however a record should be kept of such injuries.



**labour**

Department:  
Labour  
REPUBLIC OF SOUTH AFRICA

Claim Number .....

**NOTICE OF ACCIDENT AND CLAIM FOR COMPENSATION**

**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO. 130 OF 1993)**  
[Section 38(1) AND SECTION 43(1) – Commissioner’s rules, forms and particulars – Annexure 14]

This form must be completed by or on behalf of the injured employee/dependants and sent to the Compensation Commissioner, P.O. Box 955, Pretoria, 0001.

**(BLOCK LETTERS)**

**1. EMPLOYEE:**

Surname .....  
 First Names .....  
 Identity Number ..... Personnel Number .....  
 Residential address .....  
 ..... Postal Code .....  
 Postal address .....  
 Date of birth ..... Sex ..... Married or Single .....  
 Occupation .....  
 Contact details .....

**2. EMPLOYER:**

(i) Name of employer in who's service the accident occurred .....  
 (ii) Address .....  
 ..... Postal Code .....

**3. ACCIDENT**

(i) When and where did the accident occur? Date ..... time ..... Place .....  
 (ii) What was the employee doing at the time and how did the accident occur? .....  
 .....  
 (iii) Describe in detail the nature and extent of the injury: .....  
 .....  
 (iv) Did anybody see the accident happen? If so, specify: Name: .....  
 Address: .....





**labour**

Department:  
Labour  
REPUBLIC OF SOUTH AFRICA

Claim Number: .....

**FIRST MEDICAL REPORT IN RESPECT OF AN ACCIDENT**  
**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (Act No. 130 OF 1993)**  
 [Section 6A(b) – Commissioner’s rules, forms and particulars – Annexure 15]

Names and Surname of employee .....

Identity Number ..... Address: ..... Postal Code .....

Name of employer .....

Address ..... Postal Code .....

Date of accident .....

1. Date of your first consultation .....

2. How did the alleged accident happen? .....

3. Full clinical description of injury (ies) (**not symptoms, signs or syndromes**) .....

4. Describe briefly any *pre-existing* defect disease .....

5. X-rays Date ..... By whom .....  
**(Attach report if available)**

6. Surgical Procedures: Date ..... By whom .....  
 Brief description .....

7. Anaesthetics: General / Local ..... Duration .....

6. (a) Consultation Yes / No ..... With whom ..... Date .....

(b) Was the employee referred for physiotherapy? Yes / No ..... Physiotherapist .....

6. (a) Is the employee unfit for work? Yes / No .....

(b) Possible date fit for: Light duty ..... Normal duty .....

**I certify that I have by examination, satisfied myself that the injury(ies) of the employee is the result of the accident as described above.**

Signature of Medical Practitioner/Chiropractor .....

Name (Printed) ..... Date (important) .....

Address .....

..... Postal Code ..... Practice number .....

**N.B.: This report must be handed to the injured employee or sent to the employer within 14 days from the date of first consultation.**

**Call Centre No.: 086 010 5350 - Fax No.: (012) 323-8627 or (012) 323-6986**  
**E-mail: cf-info@labour.gov.za - Website: www.labour.gov.za**



**labour**

Department:  
Labour  
REPUBLIC OF SOUTH AFRICA

**\*FINAL / PROGRESS MEDICAL REPORT IN RESPECT OF AN ACCIDENT**

(\*Delete which is not applicable)

**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO. 130 OF 1993)**  
[Section 6A(b) – Commissioner’s rules, forms and particulars – Annexure 169]

Claim Number: .....

Names and Surname of Employee .....

Identity Number ..... Address .....

..... Postal Code .....

Name of Employer .....

Address .....

..... Postal Code .....

Date of Accident: .....

1. Describe any operation(s)/procedure(s)/test(s) carried out and date(s):  
.....  
.....
2. Prognosis and further treatment? .....  
.....  
.....
3. (a) From what date has the employee been fit for his/her normal work? .....  
(b) On what date is he/she likely to be fit for his/her normal work? .....
4. Has the employee's condition become stabilised?  
**If so, describe in detail any present permanent anatomical defect and/or impairment of function as a result of the accident: (Loss of movement, if any, must be indicated in degrees at each specific joint).**  
.....  
.....  
.....

**I certify that I have by examination, satisfied myself that the injury(ies) of the employee is the result of the accident.**

Signature of Medical Practitioner/Chiropractor .....

Name (Printed) ..... Date (important) .....

Address .....

..... Practice number .....

**N.B.: Progress reports must be submitted on a monthly basis to the employer until the employee's condition has become stabilised when a final medical report should be submitted.**

**Call Centre No.: 086 010 5350 - Fax No.: (012) 323-8627 or (012) 323-6986**  
**E-mail: cf-info@labour.gov.za - Website: www.labour.gov.za**





labour

Department:  
Labour  
REPUBLIC OF SOUTH AFRICA

**INQUIRY RE/UNPAID MEDICAL/CHEMIST ACCOUNT**

Claim Number

Use this form according with the instructions on the reverse side.

NO.

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Amount outstanding .....</p> <p>Account Number .....</p> <p>Date of service rendered .....</p> <p>Nature of injury .....</p> <p>Date of accident .....</p> <p>Nature of referring doctor .....</p>
---	---

Name of employer .....

Full address .....

.....

Surname of employee.....

First names..... N.I. No And/or Col. No .....

Residential address .....

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><i>FULL name and address of sender and postal code</i></p> <p>.....</p> <p>Signature</p> <p>.....</p> <p>Date .....</p>
---	--



labour

Department:  
Labour  
REPUBLIC OF SOUTH AFRICA

Claim Number: .....

**OBJECTION AGAINST A DECISION OF THE COMMISSIONER  
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT No. 130 OF 1993)**

(Section 91 – Commissioner’s rules, forms and particulars – Annexure 3)

(This objection must be lodged with the Compensation Commissioner, P.O. Box 955, Pretoria, 0001, within 180 days of the Commissioner’s decision.)  
(N.B.: "lodged within 180 days "means that the objection must reach the Commissioner within 180 days from the date of his/her decision.)

**NOTICE OF OBJECTION**

Name of employee .....

Employee's ID Number: .....

Name of employer .....

1. State name of objector ..... Tel: .....

Address ..... Postal Code .....

2. State whether objector is -

(a) the employee ..... or

(b) the employer ..... or

(c) the employer’s organisation or trade union of which the person is respect of whom the decision was given, was at the time concerned a member .....

(Note: The word "Yes" should be written against (a) or (b) or (c), whichever is applicable.)

3. Quote the reference number and date of the document containing the Commissioner’s decision against which the objection is lodged:-

Reference No. .... Date .....

4. State fully what portion of the Commissioner’s decision you object to:

.....  
.....  
.....  
.....

5. Give your reasons in full for lodging the objection:

.....

.....

.....

.....

.....

.....

.....

6. Any documentary evidence (or copies thereof) that you wish to submit in support of your contention(s) as stated in paragraph 5 should be attached and enumerated as hereunder:

Number	Title or description of document
(i) .....	.....
(ii) .....	.....
(iii) .....	.....
(iv) .....	.....

7. Give names and addresses of persons whom you wish to have called as witnesses to give evidence in support of your objection:

Name	Address
(i) .....	.....
(ii) .....	.....
(iii) .....	.....
(iv) .....	.....

8. State briefly the points on which they will give evidence:

(i) .....

(ii) .....

(iii) .....

(iv) .....

.....

.....

.....

.....

Place .....

Date ..... Signature of objector

Call Centre No.: 086 010 5350 - Fax No.: (012) 323-8627 or (012) 323-6986  
 E-mail: cf-info@labour.gov.za - Website: www.labour.gov.za



### 5.2.5 Process: Management of staff housing allowance

#### Who is this process applicable to?

- Public educators
- Public service staff

#### What are the referral documents?

- Policy Governing Housing Allowance for Educators
- The Determination on Housing: July 2007

#### What is the procedure?

- The permanent educator/public service staff completes, dates and signs the **Housing Allowance Application Form for Home Owners** for those who are homeowners or **Housing Allowance Application Form for Tenants** for those who are tenants.
- The educator/public service staff submits the completed form with the supporting documentation to the school administrator.
- The required supporting documentation for educator/public service staff who are home owners include:
  - A certified copy of the title deed or ghost deed report or an original tax invoice from the financial institution
  - Permission to occupy certificate (PTO) (if applicable)
  - Installment sale agreement (if applicable)
  - A letter from the NHFC funded lender/intermediary or original tax invoice from the financial institution
- The required supporting documentation for applicants who are tenants include:
  - Offer to purchase / deed of sale which includes the occupational rent clause (if applicable)
  - Rental agreement (if applicable)
  - Sworn affidavit of occupancy
- For schools that are computerised: the **Housing Allowance Application Form for Home Owners and Tenants** may be completed on the school computerised administration package and printed for signing.
- The school administrator ensures that the principal checks and verifies the completeness of the form.
- The school administrator makes a copy of the completed **Housing Allowance Application form for Home Owners or Tenants** and supporting documentation and files it in the educator's/public service official's personal file and stores it in the strong room.
- The school administrator forwards the original **Housing Allowance Application Form for Home Owners or Tenants** and supporting documentation to the district office for capturing on PERSAL.

- The school register must be completed to indicate that the signed **Housing Allowance Application Form for Home Owners or Tenants** has been furnished to the district office and the register must be stored in the strong room in the school.
- After capturing on PERSAL has been completed by the district, the school principal receives a letter from the district office addressed to the educator/public official indicating whether the application has been approved or rejected.
- The principal furnishes the educator/public service official with the letter indicating the decision taken on the application.
- If the school does not receive a response from the district office within seven working days from the date of submission to the district office, then the school administrator must make a written follow up with the district office.
- The written follow up is signed by the principal and a copy is filed in the official's personal file and stored in the strong room.

### Who is responsible?

- The educator/public service staff completes the **Housing Allowance Application Form for Home Owners or Tenants** if they rent or buy a property.
- The school administrator ensures that the **Housing Allowance Application Form for Home Owners or Tenants** is completed and all supporting documents are attached **1 day** after receipt from the educator/public service official.
- The principal verifies and signs the **Housing Allowance Application Form for Home Owners or Tenants 2 days** after receipt from the educator/public service official.
- The **Housing Allowance Application Form for Home Owners or Tenants** is submitted **within 3 days** of receipt from the educator/public service official to the district office by the school administrator.

### What are the audit requirements?

- A copy of the completed **Housing Allowance Application form for Homeowners or Tenants** and a copy of the supporting documents are attached to the educator's/public service official's personal file.
- The educator's/public service official's housing file must be retained in the strong room for five years after the official has left the school for auditing purposes.

### What are the templates/forms?

- Housing Allowance Application Form for Homeowners
- Housing Allowance Application Form for Tenants



**HOUSING ALLOWANCE APPLICATION FORM FOR HOME OWNERS**

<b>INSTRUCTIONS</b>	
1	Employees who became home owners on or after 29 September 2004 should complete this application form.
2	Complete and tick the boxes that apply to you.
3	Please see the list of documents in Sections B and C, which <b>must</b> be attached to your application. If necessary please refer to the Employee Guide on the Housing Allowance for physical examples.
4	Ensure that you have completed and signed the form and attached all the documents required since lacking information may delay the payment of your application.
5	If you experience difficulty to complete this application form, please do not hesitate to contact your personnel office for assistance.

<b>SECTION A: PERSONAL DETAILS</b>			
<b>EMPLOYEE'S DETAILS</b>			
Surname		Initials	
Department		Component	
ID no			
PERSAL No			
Contact No	Work		
	Home		
	Cell		
<b>SPOUSE'S DETAILS</b>			
Surname		Initials	
ID No			
Employer			
Work address			
Contact No	Work		
	Home		
	Cell		

SECTION B: HOME OWNERSHIP STATUS						
Reference code	I am a owner because-	Tick the applicable box	Proof to be attached to this application form	Tick the applicable box if proof is attached		For Official Use
				Yes	No	
H1	The title to the property is in my name		Title deed OR Ghost Deed Report* OR an original Tax Invoice from the financial Institution**			Proof is attached Yes No
H2	I have permission from the traditional leader to occupy state/tribal land		Permission To Occupy Certificate (PTO)			
H3	I have bought property on instalment sale (i.e. like a hire purchase)		Instalment Sale Agreement			

\* A Ghost Deed Report is a print out from the Deeds Office, which can be obtained from a lawyer/legal firm responsible for the property transaction or the Deeds Office.

\*\* The Tax Invoice from the financial Institution should at least indicate the-

- Name(s) of the bond holder
- Property particulars
- Registration date
- Bond/home loan details

SECTION C: BOND/HOME LOAN STATUS						
Reference code	I am a owner because-	Tick the applicable box		Proof to be attached to this application form	Tick the applicable box if attached	
					Yes	No
L1	I am repaying a bond/home loan to a financial institution			An original Tax Invoice* from the financial Institution OR a letter from the NHFC funded lender/ intermediary		
L2	My bond/home loan is paid off			No proof required		
L3	I bought my home without a home loan			No proof required		

For Official Use	
Proof is attached	
Yes	No

\* The Tax Invoice from the financial Institution should at least indicate the-

- Name(s) of the bond holder
- Property particulars
- Registration date
- Bond/home loan details

\*\* A letter from the National Housing Finance Corporation (NHFC) funded lender/intermediary. See Employee Guide on Housing for an example of a *pro forma* letter



SECTION D: OCCUPANCY DETAILS					For Official Use	
The home is occupied by-	Tick the applicable box	Proof to be attached to this application form	Tick the applicable box if attached		Proof is attached	
			Yes	No	Yes	No
Myself		A sworn affidavit				
My spouse						
My dependants						
My spouse & dependants						
Date of Occupancy						
The full residential address of the home is:						

SECTION E: CONFIRMATION, ACKNOWLEDGEMENT, UNDERTAKING AND DECLARATION	
<p>I the undersigned-</p> <p>(a) Confirm that the information in this application form is accurate;</p> <p>(b) Acknowledge that I could be disqualified from the Housing Allowance Scheme should the information provided be false and/or inaccurate in which event the employer may recover any monies over paid and institute disciplinary action and/or lay criminal charges (depending on the seriousness of the situation);</p> <p>(c) Undertake to inform the employer should there be any changes in my situation as a home owner and occupancy of my home; and</p> <p>(d) Declare that the home is occupied as indicated in the form.</p>	
Employee Signature _____	Date _____

FOR OFFICIAL USE ONLY															
Employee Persal No	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>														
Employee is a home owner in category	H1	H2	H3	Do not comply											
Employee's loan status falls in category	L1	L2	L3	Do not comply											
The home is occupied according to the requirements in the Determination on Housing	Yes		No	Do not comply											
Application for Housing Allowance is-															
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;">Approved</td> <td style="width: 50%;"></td> </tr> </table>		Approved		<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2" style="padding: 5px;">PERSAL Code assigned <i>(tick the applicable code)</i></th> <th style="padding: 5px;">Corresponding Reference Code in Section B</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">0545</td> <td style="padding: 5px;">Housing All: New Owner &gt;29/9/04</td> <td style="padding: 5px;">L1</td> </tr> <tr> <td style="padding: 5px;">0546</td> <td style="padding: 5px;">Housing All: Home paid-up/no loan</td> <td style="padding: 5px;">L2 &amp; L3</td> </tr> </tbody> </table>			PERSAL Code assigned <i>(tick the applicable code)</i>		Corresponding Reference Code in Section B	0545	Housing All: New Owner >29/9/04	L1	0546	Housing All: Home paid-up/no loan	L2 & L3
Approved															
PERSAL Code assigned <i>(tick the applicable code)</i>		Corresponding Reference Code in Section B													
0545	Housing All: New Owner >29/9/04	L1													
0546	Housing All: Home paid-up/no loan	L2 & L3													
OR															
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;">Declined</td> <td style="width: 50%;"></td> </tr> </table>		Declined		<table border="1" style="width: 100%;"> <tr> <td style="width: 25%; padding: 5px;">Reasons <i>(if declined)</i></td> <td colspan="3" style="height: 40px;"></td> </tr> </table>			Reasons <i>(if declined)</i>								
Declined															
Reasons <i>(if declined)</i>															
Signature of official authorised to approve the Housing Allowance															
Name in print															
Designation															
Date															
<b>INSTRUCTIONS</b>															
Inform employee of the outcome of his/her application			Prepare decline letter with reasons												
			Prepare letter of approval												
Capture on PERSAL															





## HOUSING ALLOWANCE APPLICATION FORM FOR TENANTS

### INSTRUCTIONS

- 1 Employees who are/became tenants on or after 1 January 2005 should complete this application form.
- 2 Complete and tick the boxes that apply to you.
- 3 Please see list of documents in Section B, which **must** be attached to your application. If necessary please refer to the Employee Guide on the Housing Allowance for physical examples.
- 4 Ensure that you have completed and signed the form and attached all the documents required since lacking information may delay the payment of your application.
- 5 If you experience difficulty to complete this application form, please do not hesitate to contact your personnel office for assistance.

### SECTION A: PERSONAL DETAILS

#### EMPLOYEE'S DETAILS

Surname		Initials	
Department		Component	
ID no			
PERSAL No			
Contact No	Work		
	Home		
	Cell		

#### SPOUSE'S DETAILS

Surname		Initials	
ID No			
Employer			
Work address			
Contact No	Work		
	Home		
	Cell		

SECTION B: RENTAL STATUS						
Reference code	I am a tenant because-	Tick the applicable box	Proof to be attached to this application form	Tick the applicable box if proof is attached		For Official Use
				Yes	No	
R1	I pay occupational rent to the person I am buying my home from		Offer to purchase/ Deed of Sale which includes the occupational rent clause			Proof is attached Yes No
R2	I rent a home from a private landlord/ municipality		Rental Agreement			
R3	I rent a home from family or friends		Rental Agreement			
R4	I am obliged to occupy and rent State Housing as defined in Part XVI of Annexure B to PSCBC Res. 3 of 1999		Rental Agreement			
R5	I am voluntary occupying and renting Other Housing in terms of a departmental policy defined in Part XVI of Annexure B to PSCBC Res. 3 of 1999		Rental Agreement			

SECTION D: OCCUPANCY DETAILS					For Official Use	
The home is occupied by-	Tick the applicable box		Proof to be attached to this application form	Tick the applicable box if attached		Proof is attached
				Yes	No	
Myself			A sworn affidavit			
My spouse						
My dependants						
My spouse & dependants						
Date of Occupancy						
The full residential address of the home is:						

SECTION E: CONFIRMATION, ACKNOWLEDGEMENT, UNDERTAKING AND DECLARATION	
<p>I the undersigned-</p> <p>(a) Confirm that the information in this application form is accurate;</p> <p>(b) Acknowledge that I could be disqualified from the Housing Allowance Scheme should the information provided be false and/or inaccurate in which event the employer may recover any monies over paid and institute disciplinary action and/or lay criminal charges (depending on the seriousness of the situation);</p> <p>(c) Undertake to inform the employer should there be any changes in my situation as a home owner and occupancy of my home; and</p> <p>(d) Declare that the home is occupied as indicated in the form.</p>	
Employee Signature	Date

FOR OFFICIAL USE ONLY										
Employee Persal No										
Employee is a tenant in category	R1	R2	R3	R4	R5	Do not comply				
The home is occupied according to the requirements in the Determination on Housing	Yes	No	Do not comply							
Application for Housing Allowance is-										
Approved										
			PERSAL Code assigned <i>(tick the applicable code)</i>				Corresponding Reference Code in Section B			
			0547	Rental			(R1 –R5)			
OR										
Declined										
Reasons <i>(if declined)</i>										
Signature of official authorised to approve the Housing Allowance										
Name in print										
Designation										
Date										
<b>INSTRUCTIONS</b>										
Inform employee of the outcome of his/her application						Prepare decline letter with reasons				
						Prepare letter of approval				
Capture on PERSAL										

### 5.2.6 Process: Management of staff laptop allowance

#### Who is this process applicable to?

- Public educators

#### What are the referral Documents?

- Government Gazette May 08 2009
- Teacher Laptop Initiative Procedure Manual

#### What is the procedure?

- *New application* – The permanent, school-based educator who has purchased a laptop and wishes to receive a laptop allowance completes, dates and signs the **Laptop Allowance Application Form**.
- *Replacement of a lost laptop* – The permanent school-based educator who previously owned a laptop and received a laptop allowance; replaces the lost laptop and completes, dates and signs the **Laptop Allowance Application Form**.
- *Changed circumstances* – The permanent school-based educator who owns a laptop, receives a laptop allowance and has a change in circumstances, e.g. change of personal details, change in employee details, change in laptop details, laptop getting lost, etc. completes, dates and signs the **Laptop Allowance Application Form**.
- The educator who wishes to access the laptop allowance submits the completed **Laptop Allowance Application Form** with the supporting documentation to the school administrator.
- The required supporting documentation for applicants include:
  - Sale Agreement Invoice, Original Equipment Manufacturer (OEM) registration number, stamped and signed by the service provider
  - Detailed description of the specifications on the laptop
  - Proof of Insurance
  - Proof of Internet Connectivity
  - Signed Original Code of Conduct Form
  - A certificate from the service provider indicating that all software has been loaded
- For schools that are computerised: the **Laptop Allowance Application Form** may be completed on the school computerised administration package and printed for signing.
- For schools that are not computerised the **Laptop Allowance Application Form** is completed manually.
- The school administrator ensures that the principal checks and verifies the completeness of the form.
- The school administrator makes a copy of the completed **Laptop Allowance Application form** and supporting documentation and files it in the educator's personal file and stores it in the strong room.



- The school administrator forwards the original **Laptop Allowance Application form** and supporting documentation to the district office for capturing on PERSAL.
- The school register must be completed to indicate that the signed **Laptop Allowance Application form** has been furnished to the district office and the register must be stored in the strong room in the school.
- After capturing on PERSAL has been completed by the district, the principal receives a letter from the district office addressed to the educator indicating whether the application has been approved or rejected.
- The principal furnishes the educator with the letter indicating the outcome of the application.
- If the school does not receive a response from the district office within seven working days from the date of submission to district office, then the school administrator must make a written follow up with the district office.
- The written follow up is signed by the principal and a copy is filed in the educator's personal file and stored in the strong room.
- The school administrator updates the school register to indicate if the laptop allowance application has been approved or rejected.
- Once the laptop allowance is approved and communicated to the educator, the educator reads and accepts the **Code of Conduct for Educators Participating in the Laptop Allowance Form** by initialing each page and signing the form.
- The educator submits the completed form to the school administrator.
- The school administrator ensures that the principal checks and verifies the completeness of the form by completing, signing and stamping the verification section of the form.
- The school administrator makes a copy of the completed **Code of Conduct for Educators Participating in the Laptop Allowance Form** and files it in the educator's personal file and stores it in the strong room.
- The school administrator forwards the original **Code of Conduct for Educators Participating in the Laptop Allowance Form** to the district office for capturing on PERSAL.
- At the beginning of each term each educator who is receiving a laptop allowance avails the laptop to the principal for monitoring and confirmation of possession.
- The educator completes and signs the **Register for Monitoring Laptop Possession by School-based Educators**.
- The principal checks and verifies the completeness and validity of the form and completes, signs and stamps the verification section of the form.
- The school administrator makes a copy of the completed **Register for Monitoring Laptop Possession by School-based Educators**, files it in the school file and stores it in the strong room.

- The school administrator forwards the original **Register for Monitoring Laptop Possession by School-based Educators** to the district office for capturing and submission to the Provincial Education Department.

#### Who is responsible?

- The educator completes the **Laptop Allowance Application Form within 7 days** of purchasing a laptop.
- The principal checks and verifies the completeness of the **Laptop Allowance Application Form on the day of receipt** from the educator.
- The school administrator submits the **Laptop Allowance Application Form** and supporting documents to district **within 2 days** of receiving the **Laptop Allowance Application Form** from the educator.
- The school administrator will follow up with the district if the letter of decision of the application is not received **7 working days** from the date of submission to the district office.
- The educator will avail the laptop for confirmation of possession to the principal at the **beginning of each term**.
- The educator will notify the employer in case of the laptop getting lost within **7 days**.
- Educator will replace the laptop if it is lost by utilizing the insurance, within **1 month** of the laptop getting lost.

#### What are the audit requirements?

- A copy of the completed Laptop Allowance Application Form, a copy of supporting documents and a copy of the Code of Conduct for Educators Participating in the Laptop Allowance Form are attached to the educator's personal file.
- The educator's personal file must be retained in the strong room for five years after an official has left the school for auditing purposes.
- A copy of the Register for Monitoring Laptop Possession by School-based Educators and other registers must be retained for a period of 5 years after the relevant academic year.

#### What are the templates/forms?

- Laptop Allowance Application Form
- Code of Conduct for Educators Participating in the Laptop Allowance
- Register for the Monitoring of Laptop Possession by School-Based Educators





## LAPTOP ALLOWANCE FORM

**INSTRUCTIONS**

1. All qualifying educators who purchase a laptop and wish to receive a Laptop Allowance must complete this application form.
2. This form must be completed for the following purposes:
  - A new application
  - Replacement of a lost laptop
3. Educators must complete all sections of the form: **A, B, C, D and E**
4. Complete and tick the boxes that apply to you.
5. Attach all supporting documents listed in sections C, D and E to your application form.
6. Ensure that you have completed and signed the form. Incomplete information will delay the payment of your allowance.
7. If you experience difficulty in completing this application form, please do not hesitate to contact your Human Resource office for assistance.

<b>Section A: PURPOSE OF THE APPLICATION</b>	<b>Tick</b>
A New Application	
Replacement of a lost laptop	

<b>SECTION B: PERSONAL DETAILS</b>	
<b>EMPLOYEE'S DETAILS</b>	
Surname	Initials
Department	PERSAL No.
ID No.	Name and address of the school
Contact No: Work	EMIS No.
Home	
Cell	
Name of union	

SECTION C: LAPTOP OWNERSHIP STATUS						For Official Use	
Reference Code	I am an owner because:	Tick the applicable box	Proof to be attached to this application form	Tick applicable box if proof is attached		Proof is attached	
				Yes	No	Yes	No
C1	I bought the laptop for cash		An original Tax Invoice from the Service Provider** and Cash Sale Receipt				
C2	I have bought the laptop on installment sale(i.e. a hire purchase)		Installment Sale Agreement				
SECTION D: STOP ORDER FACILITY						For Official Use	
Reference Code	Use of Stop Order Facility	Tick the applicable box	Proof to be attached to this application form	Tick applicable box if proof is attached		Proof is attached	
				Yes	No	Yes	No
D1	I have applied to use the stop order facility *		Completed stop order form				
D2	I will not be using the stop order facility						
DETAILS OF SERVICE PROVIDER (To be completed by the service provider)							
D3	An accredited supplier listed by the unions		Union List			Supplier Allowance Code	
D4	A reputable supplier not listed by the unions		Certificate of Accreditation				

\* The stop order facility may only be used if the educator is using an accredited service provider from the list of service providers supplied by the Unions

\*\* The Tax Invoice from the financial institution should indicate the:

- Name of the laptop owner
- Laptop particulars
- Purchase date
- Purchase details

SECTION E: COMPULSORY REQUIREMENTS : LAPTOP INSURANCE, WARRANTY AND CONNECTIVITY						For Official Use	
Reference code	My laptop complies with the following requirements:	Tick the applicable box	Proof to be attached to this application form	Tick applicable box if proof is attached		Proof is attached	
				Yes	No	Yes	No
E1	I bought insurance for my laptop		Laptop Insurance Policy document				
E2	I have a Service Warranty on my laptop		Service Warranty Certificate				
E3	I have internet connectivity on my laptop		Internet Connectivity Certificate				
E4	I have a certificate from the service provider that all software has been loaded		Certificate from service provider				

SECTION E: CONFIRMATION, ACKNOWLEDGEMENT, UNDERTAKING AND DECLARATION
<p>I, the undersigned:</p> <p>(a) Confirm that the information in this form is accurate;</p> <p>(b) Acknowledge that I could be disqualified from receiving the Laptop Allowance should the information provided be false and/or inaccurate in which event the employer may recover any monies over paid and institute disciplinary action and/or lay criminal charges (depending on the seriousness of the situation);</p> <p>(c) Undertake to inform the employer should there be any changes in my situation as a laptop owner;</p> <p>(d) Declare that the laptop is owned as indicated in the form.</p> <p>_____</p> <p>Employee Signature <span style="margin-left: 200px;">Date</span></p>

FOR OFFICIAL USE ONLY						
Employee PERSAL No.						
Employee is a laptop owner in category						
	C1	C2	Does not comply			
Stop order Facility and Status of Service provider	D1	D2	D3	D4	Does not comply	
The laptop is purchased according to the compulsory requirements	E1	E2	E3	E4	Does not comply	
Application for Lap Top Allowance is						
	Approved					
OR						
	Declined					
Reasons if declined						
PERSAL Code assigned						
Corresponding Reference Code in Section D						
Signature of official authorized to approve the Laptop Allowance						
Name in print						
Designation						
Date						
INSTRUCTIONS						
Inform employee of the outcome of his/her application	Prepare decline letter with reasons					
	Prepare letter of approval					
Capture on PERSAL						

## CODE OF CONDUCT FOR EDUCATORS PARTICIPATING IN THE LAPTOP ALLOWANCE

This document stipulates the terms and conditions that will govern the use of the Laptop Allowance facility. The educator must uphold the terms and conditions of his/her Laptop agreement.

### Ownership

- The educator must be the owner of the Laptop, in respect of which the Laptop Allowance is paid.
- The educator must pay Insurance and Internet Connectivity for the Laptop.
- The educator must at all times preserve the Laptop in a responsible manner.
- The educator shall avail the Laptop for monitoring and confirmation of possession at the school to the Principal at the beginning of every school term.
- The Principal of the school needs to verify that the package is being used and is accessible once a quarter by maintaining a register to this effect.
- The educator is required to send an e-mail on the 1<sup>st</sup> of every month after the payment of the first allowance to the e-mail address provided in the qualification letter from the Provincial Department of Education. The e-mail must contain the Persal number of the educator in the "re" field and in the body of the e-mail the name of the educator, the name of the school and the telephonic contact details of the educator.
- The educator needs to keep these details updated by completing a changed circumstances form and submitting it to the Provincial Education Department as well as by e-mail to the e-mail address provided in the qualification letter from the Provincial Department of Education.

### Terms of Use

- The facility is meant to assist the educators in the administration of their learning and teaching activities.
- The participating educator should download important information when required to do so by the PED or DoE.
- The educator must utilize the material loaded in the laptop, which consists of essential information regarding the following: school administration, curriculum content, teacher development and the Microsoft Partners in Learning.

Initial \_\_\_\_\_

### Care of Equipment

The educator will exercise all due and reasonable care in handling and use of the Laptop and agrees to keep it in good condition.

The educator will insure the laptop comprehensively and observe the terms and conditions of such insurance.

The educator henceforth confirms that the Laptop is insured.

### Change of Circumstances

- If an educator fails to inform his/her department of any changes affecting his/her eligibility for the Laptop Allowance, the department shall immediately stop the Laptop Allowance and recover the monies, which have been over-paid. The department will consider instituting the disciplinary process, if necessary.
- An educator is obliged to notify his/her department each time in writing of any changes that affects his/her eligibility for the Laptop Allowance, by completing the application and indicating that it is for the purposes of changed circumstances.
- In the event of loss or damage to the package the educators need to ensure that it is replaced within 30 days for continuation of the allowance.
- If an employee terminates his/her services as an educator, the payment of the Laptop Allowance will stop. The employee may re-apply for the Laptop Allowance on reappointment.
- The allowance can be withdrawn in cases of abuse of this scheme.

Initial \_\_\_\_\_



**Term of the Agreement**

This agreement is effective as of the date the Laptop Allowance is received and the salary advice of the educator serves as evidence.

This agreement will terminate at the end of the five-year allowance term unless terminated earlier or extended by written agreement.

By signing this form and acknowledging possession of the Laptop, the educator accepts full responsibility for care of the laptop as defined by this Agreement.

By my signature, I hereby acknowledge that I have reviewed, understand and will abide by the terms of this agreement.

Educator's Full Name and Surname

---

\_\_\_\_\_  
Educator Signature

\_\_\_\_\_  
Date

**Validation of Laptop Possession**

By my signature below, I verify possession of the laptop by (surname and name of educator)

---

whose PERSAL Number is \_\_\_\_\_ and is an educator currently on a  
Permanent post at (name of the school)

---

I confirm that the Laptop is in a good condition and working order and verify the correctness of the serial  
number \_\_\_\_\_ and the make \_\_\_\_\_.

Signed at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Principal's Full Name and Surname

---

\_\_\_\_\_  
Principal's Signature

**School Stamp**

## REGISTER

## MONITORING OF LAP TOP POSSESSION BY SCHOOL-BASED EDUCATORS

1. Employees who qualified for a Laptop Allowance must provide details as required in the Laptop Monitoring Register as a means of monitoring the educator's possession on a regular basis.
2. Please complete your personal details as a user as well as the details of the laptop and sign.
3. The School Principal is responsible and accountable for correct completion of the register, after validation and confirmation that the teacher is still in possession of the laptop.
4. The Principal must submit the Laptop Monitoring Register on a **quarterly basis** to the District for submission to the Provincial Education Department for monitoring and reporting.

## SCHOOL INFORMATION

Name of the School	
Component Number	
Pay Point Number	
EMIS nr	

## EDUCATORS' INFORMATION

	Educator's Surname and Initials	PERSAL Number	Brand Name	Serial Number	Educator Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Principal's Surname and Initials	
Signature	
Date	
School Stamp	

**5.2.7 Process: Management of staff disciplinary procedures****Who is this process applicable to?**

- Public educators
- Public service staff

**What is the procedure?**

- The principal identifies cases for disciplinary action against the educator/public service official, which includes allegations of the following:
  - Misconduct
  - Theft
  - Absence
  - Assault
  - Alcoholic state
- The principal identifies if the case is serious or not.
- If the case is not serious then,
  - The principal deals with the official through offering advice and guidance.
  - If the case continues, the principal gives the educator/public service official a verbal warning and keeps a record of the case and the warning given.
- If the case still continues, the principal completes, signs and issues the educator/public service official with a **Written Warning**.
- If the case still continues, the principal completes, signs and issues the educator/public service official with a **Final Written Warning**.
- The school administrator makes a copy of the completed written warnings and files it in the educator's/public service official's personal file.
- If the case is serious or if the minor cases still continue, the principal completes, signs and issues a **Notice of Disciplinary Hearing** to the educator/public service official.
- The school administrator forwards the original letter to the official and requests for a written response within a specified time.
- The educator/public service official must respond to the **Notice of Disciplinary Hearing** and forwards a letter to the principal.
- The school administrator makes a copy of the **Notice of Disciplinary Hearing** and the response from the official and files it in the official's personal file.
- The school administrator makes a copy of all the filed warning letters that were previously sent to the official as supporting documentation.
- The school administrator submits the copy of the **Notice of Disciplinary Hearing** and the written letter and supporting documentation to the district office.

- The school administrator updates the school register to indicate that the school forwarded the form and the letters to the district office for capturing on PERSAL and for disciplinary action to take place.
- After the school receives the letter of the outcome of the disciplinary action the principle reviews and implements the decision taken.
- The school administrator makes a copy of the letter and files it in the educator's/public service official's personal file in the strong room.
- The principal furnishes the original letter to the educator/public service official.

#### Who is responsible?

- The principal completes and issues a **Written Warning 2 working days** after s/he finds that the educator's/public service official's behaviour is continuing without any change in behaviour after a verbal warning was provided.
- The principal completes a **Final Written Warning 2 working days** after s/he finds that the educator's/public service official's behaviour is continuing without any change after the **Written Warning** was given.
- The principal completes and issues a **Notice of Disciplinary Hearing 2 working days** after s/he finds that the educator's/public service official's behaviour is continuing without any change after the **Final Written Warning** was given or a case of serious misconduct has occurred.
- The school administrator submits the **Written Warning**, the **Final Written Warning** and the **Notice of Disciplinary Hearing** and supporting documentation to the district office within **4 working days** of the instruction being issued.

#### What are the audit requirements?

- A copy of the completed forms are attached to the educator's / public service official's personal file.
- The educator's / public service official' personal file must be retained in the strong room for five years after an official has left the school for auditing purposes.

#### What are the templates/forms?

- Notice of Disciplinary Hearing
- Written Warning
- Final Written Warning

## NOTICE OF DISCIPLINARY HEARING

.....  
**Date**

.....  
**Name of Member**

.....  
**Personal details of the Member**

You are hereby given notice to attend a disciplinary hearing in terms of clauses 6 and 7 of the Disciplinary Code (Paragraphs 15 and 16 of Chapter 4 of the SMS Handbook). The alleged misconduct and the available evidence is:

.....  
**[A detailed description of misconduct may be attached].**

The meeting will be held at ..... [Place] on.....[Date]

at ..... [Time].

If you do not attend and cannot give reasonable grounds for failing to attend, the meeting will be held in your absence. A fellow member/employee or a representative of a recognized union may represent you.

You may give evidence to the hearing in the form of documents or through witnesses. You will be entitled to question any witness introduced by the employer. If the enquiry holds that you are guilty of misconduct, you may present any relevant circumstances in determining the disciplinary sanction.

.....  
**Signature of Member**

Date:.....

.....  
**Signature of Representative of the Employer**

Date:.....

.....  
**Signature of Witness (If applicable)**

Date:.....

**WRITTEN WARNING**

.....  
**Date**

.....  
**Name of Member**

.....  
**Personal details of the Member**

This is a written warning in terms of the disciplinary procedure. Should you engage in further misconduct, the written warning may be taken into account in determining a more serious sanction. The written warning will be placed in your personal file and will remain valid for a period of six months from the date of the written warning. After six months the written warning will be removed from your personal file and be destroyed.

The nature of the misconduct is:

.....  
**Signature of Member**

Date:.....

.....  
**Signature of Supervisor**

Date:.....

.....  
**Signature of Witness (if applicable)**

Date:.....



## FINAL WRITTEN WARNING

.....  
**Date**

.....  
**Name of Member**

.....  
**Personal details of the Member**

This is a final written warning in terms of the disciplinary procedure. Should you engage in further transgressions, it could lead to formal misconduct proceedings being instituted against you. This final written warning will be placed in your personal file and will remain valid for a period of six months from the date of the written warning. After six months the written warning will be removed from your personal file and be destroyed.

The nature of the misconduct is:

.....  
**Signature of Member**

Date:.....

.....  
**Signature of Representative of the Employer**

Date:.....

.....  
**Signature of Witness (if applicable)**

Date:.....

### 5.2.8 Process: Management of staff service terminations

#### Who is this process applicable to?

- Public educators
- Public service staff

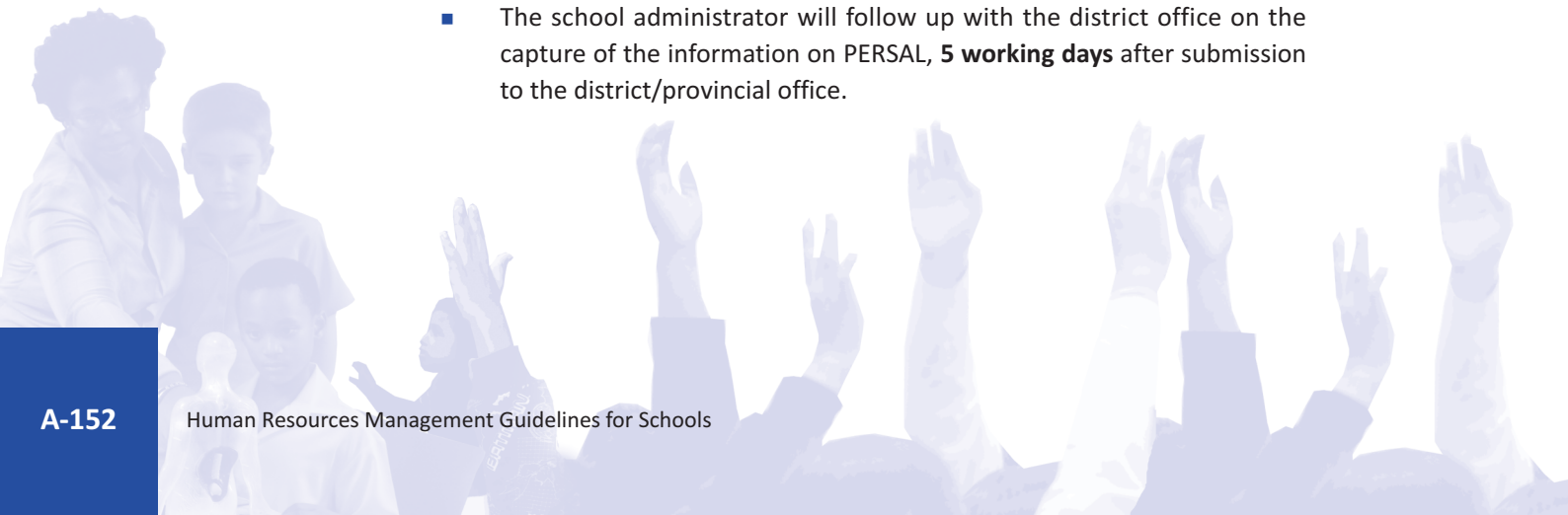
#### What is the procedure?

- In cases of retirement, resignation, ill-health retirement and transfer, the educator/public service staff completes, dates and signs the **Termination of Service Form**.
- In cases of demise, abscondment and discharge: the principal completes, dates and signs the **Termination of Service Form** on behalf of the educator/public service staff.
- For schools using a computerised school administration package (such as SA-SAMS): the **Termination of Service Form** may be completed on the school computerised administration package and printed out for signing.
- For schools without a computerised system: the **Termination of Service Form** must be completed manually.
- In cases where the educator/public service staff completes the form, the educator/public service staff submits the completed **Termination of Service Form** together with certified copies of relevant supporting documentation to the school administrator.
- In cases where the principal completes the form, the principal submits the completed **Termination of Service Form** together with certified copies of the relevant supporting documentation to the school administrator.
- The required supporting documentation is dependant on the reason for termination of service and includes:
  - Resignation – Letter/Notice of Resignation
  - Death – Death certificate
  - Absconded – Proof of Notification to Return to School and Approval from the Provincial Head of Department
  - Ill-health Retirement – Final Medical Documents and Reports
  - Discharged – Letter/Notification of Dismissal and Approval of Dismissal from the Provincial Head of Department
  - Transfer – Transfer letter
- The school administrator ensures that the completed **Termination of Service Form** is verified and signed by the principal.
- The school administrator makes a copy of the completed **Termination of Service Form** and supporting documents and files it in the educator's/public service official's personal file at the school and stores it in the strong room.

- The school administrator completes the school register to indicate that the application for termination of service is forwarded to the district office for processing.
- The school administrator furnishes the completed **Termination of Service Form** and relevant supporting documents to the district office for capturing on PERSAL.
- After capturing on PERSAL has been completed the school administrator receives a copy of the termination of service letter from the district office.
- If a copy of the letter of termination is not received from the district office within 5 working days after submission of the **Termination of Service Form**, the school administrator makes a written follow up with the district.
- The school administrator attaches the termination of service letter to the educator's / public service official's personal file at the school and stores it in the strong room for five years.
- For schools that use a computerised administration package: the educator/public service staff is archived on the computerised system with an indication of the reason for termination of service.

**Who is responsible?**

- The educator/public service staff completes the **Termination of Service Form** for retirement a minimum of **6 months prior to termination**.
- The educator/public service staff completes the **Termination of Service Form** for resignation and transfer **1 month before termination of service**.
- The educator/public service staff completes the **Termination of Service Form** for ill-health retirement once s/he receives notification that their request for ill health retirement is received.
- The principal verifies the above **Termination of Service Forms**.
- The principal completes and verifies the **Termination of Service form** for death, **the day the school is notified of the death**.
- The principal completes and verifies the **Termination of Service Form** for absconding, **7 days after notification** to return to school has been sent to the educator/public service staff.
- The principal completes and verifies the **Termination of Service Form** for discharge within **2 days of the school receiving notification of dismissal** from the district/provincial office.
- The school administrator submits the **Termination of Service Form** and all supporting documentation to the district office **on the day** of completion and verification of the forms.
- The school administrator will follow up with the district office on the capture of the information on PERSAL, **5 working days** after submission to the district/provincial office.



**What are the audit requirements?**

- The educator's/public service official's personal file must be retained at the school for five years after the end of the academic year in which the official terminated his/her service.
- The completed **Termination of Service Form** and supporting documentation must be made available for audit purposes at the school.

**What are the templates/forms?**

- Termination of Service Form

## TERMINATION OF SERVICE

Part A: School Details (Please complete in Print)			
EMIS No.			
Name of School			
Province			
District			
Pay point Number			
Part B: Educator's Details (Please complete in Print)			
Title			
Initials			
Surname			
Persal No.			
ID. No.			
Reason for Termination	Resignation		Death
	Absconded		Ill Health
	Discharged		Transferred*
Part C: *If Transferred:			
EMIS No.			
Name of School			
Province			
District			
Pay point Number			

..... Officials Name	..... Signature	..... Date
-------------------------	--------------------	---------------

Verified by:

..... Principal's/Manager's name	..... Signature	..... Date
-------------------------------------	--------------------	---------------

### 5.2.9 Process: Management of staff pensions

#### Who is this process applicable to?

- Public educators
- Public service staff

#### What are the referral documents?

- Procedure Manual for Interaction between Pensions Administration and Government Employers
- Policy and Procedure on Incapacity Leave and Ill-health Retirement (PILIR)

#### What is the procedure?

- All educators/public service staff contributing to the GEPP must complete the **Nomination of Beneficiaries Form (WP 1002)**.
- Six months prior to the educator/public service staff reaching the age of retirement as stipulated in the Employment of Educators Act 76 of 1998 and the Public Service Act of 1994, s/he completes the following National Treasury Pensions Administration Forms:
  - **Personal Particulars Form – Z864**
  - **Banking Particulars – Z894**
  - **The relevant Choice Form for Payment of Benefits**
  - **Particulars for a Transfer to an Approved Retirement Fund – (Z5125)**
  - **Choice Form for State Subsidised Medical Contribution**
  - **Withdrawal from Fund Form – Z102**
  - **Termination of Service Form**
- The educator/public service staff that is retiring due to ill-health retirement according to the Policy and Procedure on Incapacity Leave and Ill-health Retirement, (PILIR) document, will also complete the above-mentioned forms.
- Upon resignation the educator/public service staff will also complete the above-mentioned forms.
- The educator/public service staff signs the declaration of the completed **Personal Particulars Form (Z864)** in the presence of a Commissioner of Oaths.
- The educator/public service staff and the Commissioner of Oaths initials each page of the **Personal Particulars Form (Z864)** form.
- The educator/public service staff signs the declaration of the completed **Banking Particulars (Z894)** form and ensures the financial institution stamps and signs the form.
- The educator/public service staff submits the completed **Personal Particulars Form (Z864)** and **Banking Particulars (Z894)** and supporting documentation to the school administrator.

- Upon the death of the employee the following forms will be completed:
  - **Pension for Spouse or Orphan/s (Z143)**
  - **Funeral Benefit Claim (Z300)**
  - **Choice Form for State Subsidised Medical Contribution**
- The school administrator ensures that completed **Personal Particulars Form (Z864)** and **Banking Particulars (Z894)** are verified by the principal.
- The school administrator makes a copy of the completed relevant forms and supporting documentation.
- A copy of the signed forms and supporting documentation are filed in the educator's/public service official's personal file at the school and stored in the strong room.
- The school administrator submits the completed forms and copies of relevant supporting documentation to the district office for capturing on PERSAL.
- The school register must be completed to indicate that the relevant documents have been furnished to the district office and the register must be stored in the strong room in the school.
- For schools that are computerised: the school register may be updated on the school's computerised administration package
- For schools that are not computerised: the school register must be completed manually.
- When the application is captured on PERSAL, a copy of the captured form is received from the district office.
- A copy of the captured form from the district office is filed in the educator's/public service official's personal file at the school and stored in the strong room.
- The school register is updated to indicate that the pension application has been processed on PERSAL.

#### Who is responsible?

- The educator and principal ensures the completion and verification of forms a minimum of **6 months prior** to retirement age.
- The school administrator ensures the submission of forms and documents to the district a minimum of **6 months prior** to retirement age.
- The employee completes all forms within **6 months** of resignation/discharge.
- The family of the deceased employee will complete all relevant documentation within **1 month of death**.
- Completed forms with all supporting documentation will be submitted to the district office by the school administrator **within a week** of receipt.

#### What are the audit requirements?

- Copies of the completed **National Treasury Pensions Administration Forms** and supporting documentation must be made available for audit purposes at the school.




- The educator's/public service official's personal file must be retained at the school for five years after the end of the academic year in which the official retires.

**What are the templates/forms?**

- Nomination of Beneficiaries Form (WP 1002)
- Personal Particulars Form – Z864
- Banking Particulars – Z894
- The relevant Choice Form for Payment of Benefits
- Particulars for a Transfer to an Approved Retirement Fund – (Z5125)
- Choice Form for State Subsidised Medical Contribution
- Withdrawal from Fund Form – Z102
- Termination of Service Form
- Pension for Spouse or Orphan/s (Z143)
- Funeral Benefit Claim (Z300)
- Choice Form for State Subsidised Medical Contribution

## **Instructions for Completing Form WP1002: Nominating a Beneficiary for a Member's Benefits of a Pension Fund Adminstrated by Pensions Administration**

1. The Contributing Member must complete this form.
2. A member may nominate any person to receive part of the pension benefits (For Gratuity Payments only), which might accrue to him/her by completion of the form.
3. This application form requires at least the following attachments:
  - A certified copy of an ID (preferably barcoded) or passport of the Member (certified within the last six (6) months).
  - A certified copy of a barcoded ID, passport or Birth Certificate of each of the nominees (Certified within the last six (6) months).
  - If an institution is nominated, proof of registration of the entity needs to be provided.
4. Any person or entity can be nominated as the beneficiary for the member's pension benefits.
5. The percentage of the benefit amount must be allocated to each beneficiary and the total allocation must add up to 100%.
6. No optional combinations (groupings) of nominees can be defined.
7. Provision is made for the particulars of six beneficiaries. Should there be more than six, complete and attach a separate form with each form clearly numbered at the top of the page. For example, "Form 1 of 2".
8. Where an ESTATE is applicable, the details must be provided.

National Treasury Pensions Administration <b>NOMINATION OF BENEFICIARIES</b> SEE INSTRUCTIONS OVERLEAF		<b>WP1002</b>	G.P.-S.026-0842  Bar Code
I hereby give notice of my wish that the gratuity, which may be payable upon my death, be paid to the beneficiaries mentioned below and in the proportion indicated by me.			
<b>A) PARTICULARS OF MEMBER</b>			
1. Pension No.	<input type="text"/>	2. Salary No.	<input type="text"/>
3. Surname	<input type="text"/>		4. Title <input type="text"/>
5. First name	<input type="text"/>		
6. Middle names	<input type="text"/>		
7. ID No.	<input type="text"/>	8. Passport No.	<input type="text"/>
9. Date of birth	<input type="text" value="CCYYMMDD"/>	10. Pension fund	<input type="text"/>
11. Employer Name	<input type="text"/>		
<b>B) BENEFICIARIES</b>			
1. Surname	<input type="text"/>		
First name	<input type="text"/>		
Middle names	<input type="text"/>		
ID No.	<input type="text"/>	Percentage of benefit	<input type="text"/> , <input type="text"/> %
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Date of birth	<input type="text" value="CCYYMMDD"/>	Relationship	<input type="text"/>
Tel No.	<input type="text" value="CODE"/>	Cell No.	<input type="text"/>
2. Surname	<input type="text"/>		
First name	<input type="text"/>		
Middle names	<input type="text"/>		
ID No.	<input type="text"/>	Percentage of benefit	<input type="text"/> , <input type="text"/> %
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Date of birth	<input type="text" value="CCYYMMDD"/>	Relationship	<input type="text"/>
Tel No.	<input type="text" value="CODE"/>	Cell No.	<input type="text"/>
3. Surname	<input type="text"/>		
First name	<input type="text"/>		
Middle names	<input type="text"/>		
ID No.	<input type="text"/>	Percentage of benefit	<input type="text"/> , <input type="text"/> %
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Date of birth	<input type="text" value="CCYYMMDD"/>	Relationship	<input type="text"/>
Tel No.	<input type="text" value="CODE"/>	Cell No.	<input type="text"/>
ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE MEMBER AND THE WITNESSES MUST INITIAL THIS PAGE			
Member initial	<input type="text"/>	Witness1 Initial	<input type="text"/>
		Witness2 Initial	<input type="text"/>
Page 1 of 3		61779	

**NOMINATION OF BENEFICIARIES**

WP1002

**4.** Surname

First name

Middle names

ID No.  Percentage of benefit ,  %

Postal address

Date of birth  Relationship

Tel No.  Cell No.

**5.** Surname

First name

Middle names

ID No.  Percentage of benefit ,  %

Postal address

Date of birth  Relationship

Tel No.  Cell No.

**6.** Surname

First name

Middle names

ID No.  Percentage of benefit ,  %

Postal address

Date of birth  Relationship

Tel No.  Cell No.

**7.** Surname

First name

Middle names

ID No.  Percentage of benefit ,  %

Postal address

Date of birth  Relationship

Tel No.  Cell No.

**VERY IMPORTANT!!!! INVALID IF TOTAL NOT = 100%** TOTAL ,  %

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE MEMBER AND WITNESSES MUST INITIAL THIS PAGE

61779

Member initial  Witness1 Initial  Witness2 Initial


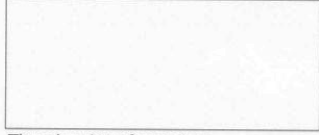
WP1002

**C) ESTATE (If available)**

1. Name of executor																														
2. Address of executor																														
3. Tel No.																CODE														
	CODE										CODE																			
4. Cell No.																														

**SIGNATURES**

Place

	<b>Signature of Member</b> (In presence of 2 witnesses)	
	Date <input type="text"/>	

**Thumb print only needed for cases where the member cannot read / write**

Thumb print of member

**WITNESSES (mandatory)**

<b>Witness 1</b>	Surname																														
	Full names																														
	Postal address																														
<b>Witness 2</b>	Surname																										CODE				
	Full names																														
	Postal address																														
<b>Witness 1</b>	Signature																														
	<b>Witness 2</b>	Signature																													

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID

PLEASE NOTE: IMPORTANT INFORMATION ON OVERLEAF







**NATIONAL TREASURY**  
Republic of South Africa

**Government Employees Pension Fund**

Private Bag X63 34 Hamilton  
Pretoria Street  
SOUTH AFRICA Arcadia  
0001 Pretoria

Tel Number: (+27) (0) 12 319 1911  
Fax Number: (+27) (0) 12 326 2507  
Call Centre: (+27) (0) 12 319 1000  
E-mail: enquiries@gepf.co.za  
Web Site: www.gepf.co.za

**Choice Form for Severance Package**

Pension Benefits in terms of PSCBC Resolution 7 of 2002 and any other Resolution, Directive, Determination or the like referring to such Benefits.

To enable the Government Employees Pension Fund (GEPF) to successfully process the request for withdrawal from the Fund as a result of a Severance Package offered, the Employer and Member must complete this form and deliver / post it with the required application form (Withdrawal From Fund Application Form - Z102) and other documentary attachments.

**A) PERSONAL PARTICULARS OF MEMBER (Compulsory)**

1. Member No.	<input type="text"/>	2. Salary No.	<input type="text"/>	3. Title	<input type="text"/>
4. Surname	<input type="text"/>				
5. Firstname	<input type="text"/>				
6. Middle names	<input type="text"/>				
7. ID No.	<input type="text"/>	(or)	8. Passport No.	<input type="text"/>	

**B) SEVERANCE PACKAGE OPTION (GEPF Law Rule 14.8) (Compulsory, select only one option)**

**Members who have not yet attained the age of 55 years (irrelevant of years of pensionable service) or members who have attained the age of 55 but have less than 10 years pensionable service, please select one of the options below:**

- Option (a): A gratuity amount equal to the member's actuarial interest payable into the member's own bank account
- Option (b): A gratuity amount equal to the member's actuarial interest payable into an approved retirement fund of the member's choice

**Members who have attained the age of 55 years and who have completed at least 10 years pensionable service, please select one of the options below:**

- Option (a): A gratuity amount equal to the member's actuarial interest payable into the member's own bank account
- Option (b): A gratuity amount equal to the member's actuarial interest payable into an approved retirement fund of the member's choice
- Option (c): A gratuity and annuity determined in terms of the formula that applies to the member, without scaling down of pension benefits in terms of Rule 14.3.3(b) and without an addition of pensionable service in terms of Rule 14.2.4(b)

**C) DECLARATION BY MEMBER AND EMPLOYER (Compulsory)**

I, \_\_\_\_\_  
(Print Member's Name)  
the undersigned declare that I understand the options offered and that I agree that the choice made by me is **irrevocable**.

I, \_\_\_\_\_  
(Print Employer Representative's Name)  
the undersigned declare on behalf of the Employer that I have provided the member with explanatory guidelines with regards to his/her withdrawal option.

Employer Code

Date of Service Termination (Exit Date)

Effective Date

Member's Signature / Thumb Print

Employer's Signature

Official Employer Stamp

Tel No.

Tel No.



NATIONAL TREASURY  
Republic of South Africa

**Pensions Administration**  
Private Bag X63 34 Hamilton Street  
Pretoria Arcadia  
SOUTH AFRICA Pretoria  
0001

Tel Number: (+27) (0) 12 319 1911  
Fax Number: (+27) (0) 12 326 2507  
Call Centre: (+27) (0) 12 319 1000  
E-Mail: enquiries@gepf.co.za  
Web Site: www.gepf.co.za

**Choice Form for Benefit Payable upon Retirement/Discharge** ( Impact on Spouse's Pension)

To enable Pensions Administration to successfully process the request for withdrawal from the fund, the member must please select an option for an increased spouse's pension by completing this form, which need to be submitted with the required application form (Withdrawal From Fund Application Form - Z102) and other documentary attachments.

**A) PERSONAL PARTICULARS OF MEMBER**

1. Pension No.  2. Salary No.  3. Title   
 4. Surname   
 5. First name   
 6. Middle names   
 7. ID No.  (or) 8. Passport No.

**B) SPOUSE'S PENSION OPTION (GEPF Law Rule 14.2.2)**

Members with at least **10 years of pensionable service**, who want their spouse to receive **50%** of the pension payable at date of death, please select this option, which implies for the member:

- A gratuity amount equal to **6.72%** of the average final salary multiplied with years of pensionable service; and
- An annuity amount equal to **1/55** of the average final salary multiplied with years of pensionable service.

Members with at least **10 years of pensionable service**, who want their spouse to receive **75%** of the pension payable at date of death, please select one of the following options:

- Option (a): A **reduced gratuity** amount, which implies: 
  - A gratuity amount equal to **5.85%** of the average final salary multiplied with years of pensionable service; and
  - An annuity amount equal to **1/55** of the average final salary multiplied with years of pensionable service.
- Option (b): A **reduced annuity** amount, which implies: 
  - A gratuity amount equal to **6.72%** of the average final salary multiplied with years of pensionable service; and
  - An annuity amount equal to **1/57** of the average final salary multiplied with years of pensionable service.

**C) DECLARATION BY MEMBER AND EMPLOYER**

I, \_\_\_\_\_,  
(Print Member's name) the undersigned,  
declare that I understand the options offered  
and that the choice made by myself is final  
and irrevocable.

**Signature of Member**

Tel No.

I, \_\_\_\_\_,  
(Print Employer Representative's name)  
the undersigned, declare on behalf of the  
Employer that I have provided the member  
with explanatory guidelines with regards to  
his/her withdrawal option.

**Signature of Employer**

Tel No.

Date





NATIONAL TREASURY  
Republic of South Africa

**Government Employees Pension Fund**  
Private Bag X63 34 Hamilton Street  
Pretoria Arcadia Pretoria  
SOUTH AFRICA 0001  
Tel Number: (+27) (0) 12 319 1911  
Fax Number: (+27) (0) 12 326 2507  
Call Centre: (+27) (0) 12 319 1000  
E-mail: enquiries@gepf.co.za  
Web Site: www.gepf.co.za

**Choice Form for State Subsidised Medical Contribution**

This form enables the GEPF to process the application for the State to continue to subsidise the Medical Aid Contribution of the member / spouse. The member (or spouse in case of death in service) must complete this form that must be signed by the employer department. The completed form with the Z102 form must be submitted by the employer department to the GEPF.

**A) PERSONAL PARTICULARS OF MEMBER (Compulsory)**

1. Member No.	<input type="text"/>	2. Salary No.	<input type="text"/>	3. Title	<input type="text"/>
4. Surname	<input type="text"/>				
5. Firstname	<input type="text"/>				
6. Middle names	<input type="text"/>				
7. ID No.	<input type="text"/>	(or)	<input type="text"/>	8. Passport No.	<input type="text"/>
9. Member's age at withdrawal:	<input type="text"/>	10. Reason for withdrawal:	Normal Retirement <input type="checkbox"/>	Death <input type="checkbox"/>	Ill Health <input type="checkbox"/>
			Injury on Duty <input type="checkbox"/>	Severance Package <input type="checkbox"/>	

**B) CHOICE FOR MEDICAL BENEFIT UPON RETIREMENT / DEATH (Compulsory, select only one option)**

Note: Broken service periods can be added to the actual period of service (when proof is provided) but non-service periods bought cannot be added.

**OPTION A: Continued State Subsidised Membership**

- Members older than 50 years with 15 years of actual government service qualifies for continued membership only (4/6 of contribution to be state subsidised).
- Members younger than 50 years with 15 years of actual government service qualify for continued membership only, as from the age of 50 (4/6 of contribution to be state subsidised).
- No qualifying requirements are necessary for a member that retire due to injury on duty and qualifies for continued state subsidised membership only.
- PSCBC Resolution 7 of 2002 - Severance Package: Members withdrawing on/after 17 June 2002 that are older than 55 years with 15 years of service qualify for continued state subsidised membership only.
- The spouse of a member that died in service must wait until the age of 50 for continued medical membership, if the member qualified for continued state subsidised membership.
- Only 10 years of actual service is needed for a member that retire due to ill health to qualify for continued state subsidised membership.

**OPTION B: Gratuity Payment (Once-off cash amount)**

- Members with more than 10 but less than 15 years of actual government service qualify for a gratuity only = (36 x state contribution).
- Members with less than 10 years of actual government service qualifies for a gratuity only = (12 x state contribution).

**C) ACTUAL SERVICE PERIODS (Compulsory)**

GOVERNMENT DEPARTMENT:

SERVICE PERIOD:

GOVERNMENT DEPARTMENT:											From		To	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**D) DECLARATION BY MEMBER / SPOUSE AND EMPLOYER (Compulsory)**

I, \_\_\_\_\_  
(Print Member's / Spouse's Name)  
the undersigned declare that I understand the options offered and that I agree that the choice made by me is irrevocable.

I, \_\_\_\_\_  
(Print Employer Representative's Name)  
the undersigned declare on behalf of the Employer that I have provided the member / spouse with explanatory guidelines with regards to the withdrawal options.

Employer Code

Date of Service Termination (Exit Date)

Effective Date

Member's / Spouse's Signature / Thumb Print

Employer's Signature

Official Employer Stamp

Tel No.

Tel No.



**NATIONAL TREASURY**  
 Republic of South Africa

**Government Employees Pension Fund**  
 Private Bag X63 34 Hamilton  
 Pretoria Street  
 SOUTH AFRICA Arcadia  
 0001 Pretoria  
 Tel Number: (+27) (0) 12 319 1911  
 Fax Number: (+27) (0) 12 326 2507  
 Call Centre: (+27) (0) 12 319 1000  
 E-mail: enquiries@gepf.co.za  
 Web Site: www.gepf.co.za

**Choice Form for Pension Benefit Payable upon Resignation/Discharge**

To enable the GEPF to successfully process the request for withdrawal from the Fund, the member must select an option before terminating service by completing this form, which needs to be posted/delivered with the required application form (Withdrawal From Fund Application Form - Z102) and other document attachments to the GEPF.

**A) PERSONAL PARTICULARS OF MEMBER**

1. Member No  2. Salary No  3. Title

4. Surname

5. First name

6. Middle names

7. ID No.  (or) 8. Passport No.

**B) RESIGNATION/DISCHARGE OPTIONS (Applicable Rules of GEP Law: 14.4.1, 14.4.2 and 12.3)**

**1. Reason for Withdrawal** (select only one option):

- Option (a): **Voluntary Resignation;**
- Option (b): **Discharge due to Misconduct;** or
- Option (c): **Discharge to Ill-health occasioned by own doing.**

**2. Options for Pension Benefit Payable** (select only one option):

Option (a): Members who want a **once-off gratuity payment in own right** (Rule 14.4.1(a)) which means:

A gratuity calculated at 7.5% of his or her final salary multiplied with the period of his or her pensionable service, and increased by ten percentage points for each full year of pensionable service between 5 and 15 years; or

Option (b): Members who want to **transfer the actuarial interest in the Fund** (to an approved Retirement Fund (Rule 14.4.1(b)), which means:

- A benefit equal to the aggregate of (i) the amount referred to in Option (a) and (ii) the difference between the member's actuarial interest in the Fund and the amount referred to in Option (a), if any. The funds can only be transferred to an approved and registered Retirement Fund (**excluding a Preservation Fund**).
- The **full actuarial value** will be transferred to the approved Retirement Fund. **Tax will be deducted** from this amount based on the Income Tax Act. No monies will be paid to the member if the option is selected to transfer the funds to an approved Retirement Fund.
- If the member is **between the ages of 50 and 55**, his/her benefits shall be reduced by one third of one percent (0.0033333) for each complete month between the member's actual retirement date and the normal retirement date. The reduction does not apply to Magistrates.

**C) DECLARATION BY MEMBER AND EMPLOYER (Compulsory)**

I, \_\_\_\_\_  
**(Print Member's Name)**  
 the undersigned declare that I understand the options offered and that I agree that the choice made by me is **irrevocable**.

**Signature of Member (or Thumb Print)**

Tel No.

I, \_\_\_\_\_  
**(Print Employer Representative's Name)**  
 the undersigned declare on behalf of the Employer that I have provided the member with explanatory guidelines with regards to his/her withdrawal option.

**Signature of Employer**


Tel No.

Employer code

Date

C C Y Y M M D D



National Treasury Government Employees Pension Fund (GEPF) <b>EXTERNAL FUND TRANSFER</b>		<b>Z1525</b>	Bar Code
Private Bag X63 Pretoria SOUTH AFRICA 0001	34 Hamilton Street Arcadia Pretoria	Tel Number: (+27) (0) 12 319 1911 Fax Number: (+27) (0) 12 326 2507 Call Centre: (+27) (0) 12 319 1000 E-Mail: enquiries@gepf.co.za Web Site: www.gepf.co.za	

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**PARTICULARS FOR A TRANSFER TO AN APPROVED RETIREMENT FUND**

In order for GEPF to successfully process the transfer of the actuarial interest value for the GEPF Fund member to an approved external retirement fund, this form must be submitted with the Withdrawal from Fund application form (Z102).

**A) GEPF MEMBER REFERENCE (Compulsory)**

1. GEPF Pension Number

2. Member surname  3. Initials

---

**B) PARTICULARS OF FUND (Approved External Retirement Fund)(Compulsory)**

1. Fund name

2. Fund registration number **12/8**

3. SARS registration number of Fund **18/20/4**

4. Policy/Reference number of Client

5. Postal Address   
  
  
 C O D E

---

**C) BANK PARTICULARS OF FUND (Please attach a copy of the Fund Registration Certificate)(Compulsory)**

1. Name of account

2. Type of account  Cheque  Transmission  Savings

3. Bank name

4. Branch name

5. Branch code  6. Account No.

---

**D) PARTICULARS OF FUND REPRESENTATIVE (Compulsory)**

1. Contact surname  2. Initials

3. Designation

4. Tel No.  C O D E

5. Fax No.  C O D E 6. Cell No.

7. Email

---


**E) CERTIFICATION BY FUND REPRESENTATIVE (Compulsory)**

I the undersigned declare that all particulars furnished on this form is true and correct.

Signature of Fund Representative

Date signed

61355



National Treasury Government Employees Pension Fund <b>FUNERAL BENEFIT CLAIM</b> SEE INSTRUCTIONS OVERLEAF		<b>Z300</b>
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**A) PERSONAL PARTICULARS OF MEMBER/ PENSIONER (Compulsory)**

1. Member No.

2. Title

3. Surname

4. First name

5. Middle names

6. Maiden name

7. ID No.

(or) 8. Passport No.

9. Date of birth

10. Marital status     Single     Married     Divorced     Widow/er     Life Partner

**B) PARTICULARS OF APPLICANT (To be completed if the Applicant is not the Member/Pensioner, as per Section A)**

1. Surname

2. Date of birth

3. First name

4. Other initials

5. Maiden name

6. ID No.

(or) 7. Passport No.

8. Relationship to member     Spouse     Major Child     Guardian of child     Parent     Brother/Sister     Executor of Estate

9. Member No.                      (Only needed if Applicant is also a member/pensioner)

**C) CONTACT PARTICULARS OF APPLICANT (Both postal and residential addresses must be supplied)(Compulsory)**

1. Preferred contact     Postal     Fax     Email    (Select only one)

2. Postal address

3. Residential address

4. Tel No.

5. Fax No.

6. Cell No.

7. Email address

**D) PARTICULARS OF DECEASED (Compulsory)**

1. Was the deceased the Contributing Member or Pensioner?     Yes     No    If no, complete particulars below:

2. Surname

3. Date of birth

4. First name

5. Other initials

6. Relationship to Member     Spouse     Child under 18     Student under 22     Disabled child over 18

7. ID No.

(or) 8. Passport No.

9. Death Cert. number

10. Date of death



**E) CERTIFICATION BY APPLICANT (Compulsory)**

I hereby certify that the particulars on this form, which have been verified against the relevant documents and records, are true and correct.



32828



**Date signed**

**Signature of Applicant** (or thumb print if he/she cannot read/write)

National Treasury Government Employees Pension Fund (GEPF) <b>SEE INSTRUCTIONS OVERLEAF</b>		<b>Z143</b> (May 2005)	G.P.-S 81/99567 Bar Code
<b>TYPE OF TRANSACTION (Select only one type) - PENSION FOR: SPOUSE <input type="checkbox"/> OR ORPHAN(S) <input type="checkbox"/></b>			
<b>A) PARTICULARS OF DECEASED (Compulsory)</b>			
1. Type of Member: Contributing Member <input type="checkbox"/> Pensioner <input type="checkbox"/> Spouse <input type="checkbox"/>			
2. Pension/CP No.	3. Death Cert. No.		
4. ID No.	(or) 5. Passport No.		
6. Surname			
7. Firstname			
8. Middle names			
9. Title	10. Date of birth	11. Date of death	
	CCYYMMDD	CCYYMMDD	
<b>B) PARTICULARS OF PERSON APPLYING FOR PENSION (Compulsory)</b>			
1. ID No.	(or) 2. Passport No.		
3. Surname			
4. Firstname			
5. Middle names			
6. Title	7. Relationship to deceased: Spouse <input type="checkbox"/> Major Child (over 18) <input type="checkbox"/> Guardian of Children <input type="checkbox"/>		
<b>C) CONTACT PARTICULARS OF APPLICANT (Compulsory)</b>			
1. Preferred Contact: Postal <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> (Select one)			
2. Fax No.		CODE	
3. Tel No.	CODE		4. Cell No.
5. E-mail address			
6. Postal address			
7. Residential address			
	CODE		
	CODE		
<b>D) PARTICULARS OF SPOUSE/LIFE PARTNER (Only needed for spouse's pension applications)</b>			
1. Date of birth	2. Income tax No.		
CCYYMMDD			
3. Maiden name			
4. Date of marriage	5. Marital type: A. Religion <input type="checkbox"/> B. Customary Union <input type="checkbox"/> C. Civil <input type="checkbox"/> D. Life Partner <input type="checkbox"/>		
CCYYMMDD			
5. Was the deceased married <b>more</b> than once? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, complete below: (Any type of marriage: Religious, Customary Union or Civil)			
<b>6. PARTICULARS OF PREVIOUS / OTHER SPOUSE OR GUARDIAN OF CHILDREN OF THE DECEASED</b>			
6.a) Surname			
6.b) Firstname	6.c) Other Initials		
6.d) Postal address			
	CODE		
Applicant's Initial	Commissioner of Oaths Initial	13751	
			
ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE RELEVANT PARTIES MUST INITIAL THIS PAGE			
Page 1 of 4			



National Treasury Pensions Administration <b>ACB BANK PARTICULARS</b> SEE INSTRUCTIONS OVERLEAF		<b>Z894</b>	G.P.-S 81/329645 Bar Code
<b>Please have this form completed by your bank as confirmation of your bank particulars.</b>			
<b>A) BENEFICIARY PARTICULARS (Compulsory)</b>			
1. Pension No.	<input type="text"/>	2. Date of birth	<input type="text" value="C"/> <input type="text" value="C"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/>
3. Title	<input type="text"/>		
4. Surname	<input type="text"/>		
5. First name	<input type="text"/>		
6. Middle names	<input type="text"/>		
7. ID No.	<input type="text"/>	8. Passport No.	<input type="text"/>
<b>B) BANKING DETAILS OF ACCOUNT HOLDER (This section must be completed by the bank) (Compulsory)</b>			
1. Account holder name	<input type="text"/>		
2. Name of bank	<input type="text"/>	3. Branch code	<input type="text"/>
4. Branch name	<input type="text"/>		
5. Account No.	<input type="text"/>		
6. Type of account	<input type="checkbox"/> Cheque <input type="checkbox"/> Transmission <input type="checkbox"/> Savings		
7. Branch tel. No.	<input type="text" value="C"/> <input type="text" value="O"/> <input type="text" value="D"/> <input type="text" value="E"/>	<input type="text"/>	<input type="text"/>
8. Branch fax No.	<input type="text" value="C"/> <input type="text" value="O"/> <input type="text" value="D"/> <input type="text" value="E"/>	<input type="text"/>	<input type="text"/>
9. Branch postal address	<input type="text"/>		
10. Branch email address	<input type="text"/>		
Surname of Bank Official <input type="text"/>		Initials <input type="text"/>	
Signature of Bank Official <input type="text"/>		Official Date Stamp of Bank	
<b>C) PREVIOUS BANKING DETAILS OF ACCOUNT HOLDER (Complete only if banking details have changed)</b>			
1. Account holder name	<input type="text"/>		
2. Type of account	<input type="checkbox"/> Cheque <input type="checkbox"/> Transmission <input type="checkbox"/> Savings		
3. Name of bank	<input type="text"/>		
4. Branch name	<input type="text"/>		
5. Branch code	<input type="text"/>	6. Account No.	<input type="text"/>
<b>D) DECLARATION</b> To be completed by the beneficiary (i.e. Pensioner/Member/Executor/Other)			
<b>I CONFIRM THAT THE ABOVE DETAILS ARE CORRECT:</b>			
Signature <input type="text"/>		Thumb print of beneficiary (Compulsory) <input type="text"/>	
Date	<input type="text" value="C"/> <input type="text" value="C"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/>	Tel No.	<input type="text" value="C"/> <input type="text" value="O"/> <input type="text" value="D"/> <input type="text" value="E"/>
Fax No.	<input type="text" value="C"/> <input type="text" value="O"/> <input type="text" value="D"/> <input type="text" value="E"/>	Cell No.	<input type="text"/>
Postal address <input type="text"/>			
39512 			

National Treasury Pensions Administration <b>PERSONAL PARTICULARS</b> SEE INSTRUCTIONS OVERLEAF		<b>Z864</b>	G.P.-S 81/326615 Bar Code
<b>A) PERSONAL PARTICULARS OF MEMBER/PENSIONER</b>			
1. Pension No.			2. Title
3. Surname			
4. First name			
5. Middle names			
6. Maiden name			
7. ID No.			8. Passport No.
9. Date of birth	C C Y Y M M D D	10. Income tax number	
11. Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/> Life Partner		12. Date of marriage
<b>B) PARTICULARS OF SPOUSE(S) / LIFE PARTNER</b>			
1. Surname			Date of birth
First name			Date of marriage
Middle names			
Maiden Name			Marital type
ID No.			<input type="checkbox"/> Religion <input type="checkbox"/> Customary Union <input type="checkbox"/> Civil
Relationship			Passport No.
Status			Registered dependant of medical aid scheme
			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Surname			Date of birth
First name			Date of marriage
Middle names			
Maiden Name			Marital type
ID No.			<input type="checkbox"/> Religion <input type="checkbox"/> Customary Union <input type="checkbox"/> Civil
Relationship			Passport No.
Status			Registered dependant of medical aid scheme
			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Surname			Date of birth
First name			Date of marriage
Middle names			
Maiden Name			Marital type
ID No.			<input type="checkbox"/> Religion <input type="checkbox"/> Customary Union <input type="checkbox"/> Civil
Relationship			Passport No.
Status			Registered dependant of medical aid scheme
			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Surname			Date of birth
First name			Date of marriage
Middle names			
Maiden Name			Marital type
ID No.			<input type="checkbox"/> Religion <input type="checkbox"/> Customary Union <input type="checkbox"/> Civil
Relationship			Passport No.
Status			Registered dependant of medical aid scheme
			<input type="checkbox"/> Yes <input type="checkbox"/> No
ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE MEMBER OR PENSIONER AND COMMISSIONER OF OATHS MUST INITIAL THIS PAGE			
Member/Pensioner Initial		Commissioner of Oaths Initial	
		36690 	
Page 1 of 3			



### 5.2.10 Process: Management of staff subsistence & travel (S & T) claims

#### Who is this process applicable to?

- Public educators
- Public service staff

#### What are the referral documents?

- Provincial Resettlement Expenditure Policy

#### What is the procedure?

- The educator/public service official completes and signs the Subsistence and **Traveling Claim Form** for the following reasons:
  - Official business
  - Resettlement
- The educator/public service official ensures that detailed information of expenses and reasons are included.
- The educator/public service official submits the completed **Subsistence and Traveling Claim Form** with the supporting documentation to the school administrator.
- The required supporting documentation for the educator/public service official can include:
  - Petrol receipts
  - Meal receipts
  - Parking receipts
  - Toll fee receipts
- For schools that are computerised: the **Subsistence and Traveling Claim Form** may be completed on the school computerised administration package and printed for signing.
- For schools that are not computerised: the **Subsistence and Traveling Claim Form** must be completed manually.
- The school administrator checks the completeness of the **Subsistence and Traveling Claim Form**.
- The school administrator ensures that the principal verifies and approves the **Subsistence and Traveling Claim Form**.
- The school administrator makes a copy of the completed **Subsistence and Traveling Claim Form** and supporting documentation and files it in the educator's/public service official's personal file and stores it in the strong room.
- The school administrator forwards the original form and supporting documentation to the district office for capturing on PERSAL.
- After capturing on PERSAL has been completed by the district, the school receives a **Payroll** and salary slip from the district office.
- The school administrator furnishes the educator/public service official with the salary slip and the **Payroll** for signature.

- The school administrator ensures that the principal verifies, dates and signs the **Payroll**.
- The school administrator makes a copy of the signed **Payroll** and files it in the school's payroll file and stores it in a strong room.
- The school register is updated by the school administrator to indicate that the signed **Payroll** has been submitted to the district office.
- The school administrator submits the original signed **Payroll** to the district office.

### Who is responsible?

- The educator/public service official completes **Subsistence and Traveling Claim Form within 1 month** from the date of travel.
- The principal verifies and signs the **Subsistence and Traveling Claim Form on the date of receipt** from the educator/public service official.
- The school administrator submits the **Subsistence and Traveling Claim Form** to the district office within **2 days of receipt** of the completed form from the applicant.

### What are the audit requirements?

- The educator's/public service official's personal file must be retained in the strong room for five years after the official has left the school for auditing purposes.

### What are the templates/forms?

- Subsistence and Traveling Claim Form (Z462)



G.P.-S. 81/204203

81/204203 Z 462  
VORMKODE  
FORM CODE 1106

**REIS- EN VERBLYFEIS • TRANSPORT AND SUBSISTENCE CLAIM**

Geëis deur Claimed by:  17  24  
Personeel/Personnel No.

Slegs vir kantoorgebruik For office use only:  25  30  
Eis/Claim No.

31  32  
**0 0**

**GEBUIK BLOKLETTERS. SLEGS EEN LETTER PER BLOKKIE  
USE BLOCK LETTERS. ONLY ONE LETTER PER BLOCK**

Reël Line No. 1:  33  54  
Naam/Name

Reël Line No. 2:  55  76  
Naam/Name

Reël Line No. 1:  77  98  
Versendingsadres/Forwarding address

Reël Line No. 2:  99  120  
Versendingsadres/Forwarding address

Reël Line No. 3:  121  142  
Versendingsadres/Forwarding address

Reël Line No. 4:  143  161  164  
Versendingsadres/Forwarding address

Poskode Postcode

Reël Line	Bedrag/Amount R	c	Verantw. Respons.	Hoofrekening Major account	Kleinrek. of item/kleinitem Minor acc. or item/minor item	Subkleinrekening Sub-minor account
0 1						
0 2						
0 3						
0 4						
0 5						

Bedrag van eis Amount of claim:  31  32  33

Min voorskot Less advance:  59  67

Aansuiwerings Adjustments:  68  76  77

S.O. Bedrag/Bedrag in te betaal W.V. Amount/Amount to be paid in:  78  86  87  88  89  96

Rek. mnd/Acc. mnth:  42  J/Y  M  45

Datum van/Date from:  46  J/Y  M  D  51

Datum tot/Date to:  52  J/Y  M  D  57

Taal/Language:  58

Teken Sign:  76  77

S.O. No./W.V. No.:  89  96

S.O. datum/W.V. date:  97  J/Y  M  D  102

GB verantw. verkortekode/Ledger resp. collation code:  103  106

Plek vanwaar en waarheen gereis en besonderhede van doelwit of diens of werksaamhede en/of beskrywing van reis- en toevallige uitgawes Place from and to which travelled and particulars of objective or service or duty and/or description of transport and incidental expenses	Vertrek Departure		Aankoms Arrival		Getal Number of		Tarief Rate	Bedrag Amount	
	Datum Date	Tyd Time	Datum Date	Tyd Time	Dae Days	Ure Hours		R	c

Ek verklaar dat ek gedurende bogenelde tydperke werklik en noodsaaklikerwys vir dienssake gereis of vertoef het, dat die koste ooreenkomstig die goedgekeurde tarief is en dat die toevallige uitgawes wat in rekening gebring is, werklik en noodsaaklikerwys gemaak is/ certify that I was actually and necessarily employed travelling or detained on public service during the period(s) stated above, that the charges are in accordance with the authorised rate and that the incidental expenses charged have been actually and necessarily disbursed.

Totale bedrag van eis: Total amount of claim:			
Min voorskot: Less advance:			
Netto bedrag van eis: Net amount of claim:			

Handtekening van eiser Datum/Date Rang Rank

Korrek verklaar Certified correct	Goedgekeur Approved	Jaarlikse salaris Annual salary
Hoof van Afd./Kantoor—Head of Branch/Office	Departementshoof/Head of Department	Verantw. Respons
Datum/Date	Datum/Date	

### 5.2.11 Process: Management of educator training and development using the Continuous Professional Teacher Development (CPTD) system

#### Who is this process applicable to?

- Public educators

#### What is the procedure?

- At the beginning of the fourth term of the academic year, the school Staff Development Team (SDT) utilizes the **Educator Improvement Plan, the Personal Growth Plan, the School Improvement Plan** and the **IQMS reports** to identify and recommend the training and development requirements per educator.
- The principal approves the recommendation of the training and development requirements of the educator.
- The educator attends the training or development courses.
- When an educator has attended a training or development course, the educator completes, dates and signs the **Training and Development Form**.
- The educator submits the completed form together with a certified copy of the certificate attained (where applicable) as supporting documentation.
- The school administrator ensures that the principal verifies that the educator attended the course, dates and signs the completed **Training and Development Form**.
- The school administrator makes a copy of the **Training and Development Form** and supporting documentation and files it in the educator's personal file at the school.
- The school administrator will complete a **Composite Training and Development Form** for all educators.
- The school principal signs the **Composite Training and Development Form** and the school administrator furnishes the forms to the district office for forwarding to SACE for capture on the CPTD system.
- A copy of the **Composite Training and Development Form** is filed in the school profile file.

#### Who is responsible?

- The educator completes the **Training and Development Form** within **5 working days** after training has been completed.
- The principal verifies the **Training and Development Form**.
- The school administrator submits the **Training and Development Forms**, the **Composite Training and Development Form** and supporting documents to the district office within **7 working days** after completion of training.

**What are the audit requirements?**

- Copies of the **Training and Development Forms** and supporting documentation are filed in the educator's personal file.
- A copy of the **Composite Training and Development Form** is filed in the school profile file.
- The educator's personal file must be retained in the strong room for five years after the educator has left the school for auditing purposes.

**What are the templates/forms?**

- Training and Development Form
- Composite Training and Development Form

## TRAINING AND DEVELOPMENT FORM

EMIS NO:..... NAME OF SCHOOL: .....

EDUCATOR DETAILS										
Title:							Initials:			
Surname:										
First name:						Other names:				
PERSAL No.							Rank			
Training Attended						Name of Trainer/Service Provider				
Date/s of Training						Certified Copy of Certificate Attached (Tick Relevant box)		Yes	No	Not Applicable

Educator's Signature: ..... Date:.....

.....  
Principal's name

.....  
Signature

.....  
Date



**COMPOSITE TRAINING AND DEVELOPMENT FORM**

NAME OF SCHOOL: ..... EMIS NO: .....

No.	Name of Employee	PERSAL number	Training Attended	Name of Trainer/Service Provider	Date/s of Training	Certified Certificate (Please tick)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Principal's Name: ..... Signature: ..... Date certified: .....

SCHOOL STAMP

### 5.2.12 Process: Management of public service staff training and development

#### Who is this process applicable to?

- Public service staff

#### What is the procedure?

- On the 1st of April each year the official's line supervisor and the principal utilizes the official's **Job Description, Personal Development Plan, Quarterly Review Reports** and **Annual Appraisal** to identify and recommend the training and development requirements per public service official.
- The public service official attends training or development courses.
- When a public service official has attended a training or development course, the public service official completes, dates and signs the **Training and Development Form**.
- The public service official submits the completed form together with a certified copy of the certificate attained (where applicable) as supporting documentation to the school administrator.
- The school administrator ensures that the principal verifies that the public service official attended the course, dates and signs the completed **Training and Development Form**.
- The school administrator files the completed **Training and Development Form** and supporting documentation in the official's personal file and stores it in a strong room.
- The school administrator completes a **Composite Training and Development Form** for all public service officials which is verified by the principal and forwarded to the DPSA for capture on the SAQA system.
- A copy of the **Composite Training and Development Form** is filed in the school's profile file and stored in the strong room.

#### Who is responsible?

- The public service official completes the **Training and Development Form** and attaches the supporting documentation **within 5 working days** of receiving training.
- The principal verifies the **Training and Development Form on the day of receipt** from the public service official.
- The school administrator submits the **Training and Development Form** and supporting documents to the district office within **7 working days** after completion of training.

#### What are the audit requirements?

- A copy of the completed **Training and Development Form** and supporting documentation is filed and attached to the public service official's personal file.

- A copy of the **Composite Training and Development Form** is filed in the school profile file.
- The public service official's personal file must be retained in the strong room for five years after the public service official has left the school for auditing purposes.

**What are the templates/forms?**

- Training and Development Form
- Composite Training and Development Form

### 5.2.13 Process: Management of staff bursaries

#### Who is this process applicable to?

- Public educator
- Public service staff

#### What are the referral documents?

- Provincial Bursary Policy

#### What is the procedure?

- The school receives the circular of the advertised bursary from the district office according to the needs analysis done by the provincial office.
- The school administrator makes the circular available to all educators and public service officials.
- Based on the **educator's Personal Growth Plan, Improvement Plan, the School's Improvement Plan** and the **Summative Report** from the management of educator performance using the Integrated Quality Management System (IQMS) and from the management of public service staff performance using the Performance Management Development System (PMDS), the principal identifies and recommends educators/public service officials that qualify for a bursary.
- Officials, who qualify for a bursary complete, date and sign the **Bursary Application Form**.
- The official submits the completed application form with a copy of supporting documentation to the school administrator, which include:
  - A certified copy of his/her ID
  - A certified copy of his/her salary advice
  - A certified copy of his/her Grade 11 certificate or Grade 12 June examination results or Grade 12 certificate
  - If already studying – his/her latest results
- The school administrator attaches the supporting documentation (from the official's personal file) to the bursary application which include:
  - A copy of the official's improvement plan
- The school administrator ensures that the principal verifies and signs the application form.
- For schools that are computerised: the school register may be captured on the school's computerised administration package.
- The school administrator forwards the **Bursary Application Form** and supporting documentation to the district office.
- The applicant receives a letter to inform him/her of the outcome of the application via registered mail.
- The applicant is required to inform the school administrator of the outcome of the application, make a copy of the letter which is filed in the educator's/public service official's personal file.

- If the application is successful, the applicant is required to sign the bursary contract agreement, and forward it with proof of registration at an academic institution and the account details of the institution for payment, directly to the provincial office via registered mail.
- For maintenance of the bursary, the applicant submits examination results, the specified account details and proof of registration for the next year directly to the provincial office via registered mail.
- If there is a cancellation, postponement or extension of the bursary, the applicant must forward a letter directly to the provincial office via registered mail.

#### Who is responsible?

- The official completes the **Bursary Application Form** and attaches supporting documents **up to 10 working days** before the closing date of applications.
- The principal completes and verifies the **Bursary Application Form** if necessary.
- The school administrator submits the **Bursary Application Form** and supporting documents to the district **up to 8 working days** before the closing date of applications.
- The official submits a signed agreement and proof of registration to the province, **5 working days** after receiving proof of registration.
- The official submits his/her examination results and specified account details for the next year to the province **7 working days** after receiving examination results.
- The official submits a letter of cancellation, postponement or extension to the province, **7 working days** from knowledge of the cancellation/postponement/extension.

#### What are the audit requirements?

- Copies of the **Bursary Application Form** and supporting documentation must be available at the school for auditing purposes.
- The official's personal file must be retained in the strong room for five years after the official has left the school for auditing purposes.

#### What are the templates/forms?

- Bursary Application Form

# BURSARY APPLICATION FORM

**SAMPLE**





**INSTRUCTIONS**

1. Read carefully before completing, signing or submitting this form.
2. Ensure that this form is completed in full.
3. Complete in BLOCK LETTERS.
4. Note that this bursary cannot be used to pay for existing loans or debts.
5. Ensure that this form is duly signed.
6. Application forms with incomplete information will be disqualified.
7. Application forms with incorrect information will lead to disqualification.
8. No faxed application forms will be accepted.
9. Attach all of the following required documents:
  - Certified copy of a valid South African Identity Document.
  - Certified copy of a valid Matric certificate (if you have completed Matric).
  - Certified copy of your latest Matric results on a school letterhead (if you are currently in Grade 12).
  - Certified copy of your latest academic transcript or record on an official letterhead (if you are already at a university or a university of technology).
10. Applications received after the closing date will not be considered.
11. Post completed forms to or hand deliver to:

Post to:

Hand Deliver to:

## SECTION A: PERSONAL DETAILS OF APPLICANT

1.	Surname																			
2.	First Names																			
3.	Date of Birth																			
4.	Place of Birth																			
5.	Identity No.																			
6.	SA Citizenship	Yes										No								
7.	Gender	Male										Female								
8.	Race	African			Indian						Coloured			White						
9.	Do you have a disability?	Yes					No													
		If Yes describe the nature of disability:																		
10.	Residential Address with postal code																			
11.	Postal Address with postal code																			
12.	Contact telephone numbers with dialing codes	Home										Cellular								
		Parent/Guardian										Other Contacts								
13.	Email Address																			
14.	Have you ever been convicted of a criminal offence?	No										Yes								
		If Yes specify the nature and date of the offence																		
15.	Describe your financial status (Attach proof of family income such as payslips of both parents)																			

## SECTION B - HIGH SCHOOL ATTENDED

1.	Name of School					
2.	School Address					
3.	Province					
4.	Grade		Currently in Grade 12		Completed Grade 12	
5.	Years Attended		From:		To:	
6.	Subjects	Higher Grade	Symbol	Standard Grade	Symbol	Percentage
6.1						
6.2						
6.3						
6.4						
6.5						
6.6						
6.7						
6.8						
6.9						

**NB. Attach proof of the latest results.**

## SECTION C- POST MATRIC QUALIFICATIONS

1.	Full name of highest qualification					
2.	Nature of qualification		Degree		Diploma	
3.	Status		Presently Studying		Discontinued	
4.	If discontinued, provide reason/s.					
5.	If presently studying, which year of study? (Please tick)		First Year	Second Year	Third Year	Fourth Year
6.	Student Number					
7.	Name of Institution					
8.	Address of Institution					
9.	List Major Subjects		Major Subjects			Marks/% obtained

10.	List Ancillary Subjects	Ancillary Subjects	Marks/% obtained

*Attach proof of latest academic results or academic transcript/s*

SECTION D - INTENDED STUDY FOR THE NEW ACADEMIC YEAR

1.	Name of Qualification			
2.	Name of Intended Tertiary Institution			
3.	Are you receiving any other bursary or loan?	Yes	No	If Yes, describe below the nature of financial assistance, name of the institution that granted the bursary/loan and any obligations involved

SECTION D - DETAILS ABOUT PARENT(S) / GUARDIAN(S) / NEXT OF KIN

1.	Surname												
2.	First Names												
3.	Identity No.												
4.	Relationship	Mother				Father				Other, Specify:			
5.	Residential address with postal code												
6.	Postal address with postal code												
7.	Contact telephone numbers including dialing codes	Home						Cellular					
		Work						Other Contacts					
8.	Email Address												

SECTION F - DECLARATION

1. I hereby declare that **ALL** the information provided in this application form is complete and correct.

2. I hereby acknowledge that in **ANY** of the information in this application form is found to be incomplete and or incorrect, my application will be disqualified.

3. Signature of

3.1 APPLICANT: \_\_\_\_\_

3.2 Date: \_\_\_\_\_

4. SIGNATURE of

4.1 PARENT/LEGAL GUARDIAN: \_\_\_\_\_

4.2 Date: \_\_\_\_\_

FOR OFFICE USE		
Bursary Granted	Yes	No
Qualification		
Tertiary Institution		
Year of Study		
Remarks		

Name and Surname of official: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SAMPLE



# Human Resources Management Guidelines for Schools

- Annexure A





## Annexure A

### Abbreviations and definitions

Abbreviations	Definitions
BAS	Basic Accounting System
COIDA	Compensation for Occupational Injuries and Diseases Act
CPTD	Continuous Professional Teacher Development
DA	Developmental Appraisal
DBE	Department of Basic Education
DIP	District Improvement Plan
DPSA	Department of Public Service and Administration
DSG	Development Support Group
EIP	Educator Improvement Plan
ELRC	Educator Labour Relations Council
HOD	Head of Department
HR	Human Resources
HRM	Human Resources Management
IOD	Injury On Duty
IQMS	Integrated Quality Management System
NHFC	National Housing Finance Corporation
OEM	Original Equipment Manufacturer
PDP	Personal Development Plan
PERSAL	Personnel and Salary System
PGP	Personal Growth Plan
PIP	Provincial Improvement Plan
PM	Performance Management
PMDS	Performance Management Development System
PS	Public Service
PTO	Permission To Occupy
REQV	Relevant Education Qualification Value
S & T	Subsistence and Traveling
SACE	South African Council for Educators
SAQA	South African Qualifications Authority
SA-SAMS	South African Schools Administration and Management System
SDT	Staff Development Team
SGB	School Governing Body
SIP	School Improvement Plan
SMGD	School Management and Governance Developer
SMT	Senior Management Team
WSE	Whole School Evaluation

Notes

A series of horizontal dotted lines for taking notes.

