# DAY 2

higher education
& training
Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

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# FUNCTION SHIFT HUMAN RESOURCES CIRCULAR 12 OF 2015
# HUMAN RESOURCES: MANAGEMENT AND ADMINISTRATION (HRM&A)

**TO: BRANCH HEAD: VOCATIONAL AND CONTINUING EDCUATION AND TRAINING (VCET)**
**REGIONAL MANAGERS/ CHIEF DIRECTORS**
**UNIT DIRECTORS: COMMUNITY EDUCATION AND TRAINING (CET)**
**UNIT DIRECTORS: TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING (TVET)**
**PRINCIPALS: TVET AND CET COLLEGES**
**TVET COLLEGE DEPUTY PRINCIPALS: CORPORATE SERVICES**
**TVET COLLEGE HUMAN RESOURCE MANAGERS**

**CC: CHAIRPERSONS OF TVET AND CET COLLEGE COUNCILS**

Below is an outline of all interim arrangements applicable for Human Resources Management and Administration (HRM&A) Processes until further notice:

## 1. APPOINTMENT OF STAFF

All appointments for staff in Technical and Vocational Education and Training (TVET) and Community Education and Training (CET) Institutions will be processed by the Department of Higher Education and Training (DHET) Human Resources Management and Administration (HRM&A) Directorate at Head Office, 123 Francis Baard Street, Pretoria. In order to process this, all requests for appointments must be sent in writing to Mr Fanie Reyneke, via email address hrma@dhet.gov.za or faxed to: (012) 312 5741 or courier to room 112 at DHET Head Office. Your request must outline the post to be advertised by completing Annexure 1 - DHET/HRMA/005/TVET/CET, indicating whether the post for advertising is an existing funded vacant post, and for TVET Colleges, is within the 63% wage bill to budget threshold.

Where there is urgency for recruitment, for example an urgent need for lecturers, institutions should provide an existing policy related to the local recruitment of lecturing

staff. Institutions may continue with existing practices until further notice, provided DHET has information related to such processes and that any requests for appointments are authorised by DHET. Following the successful interview process, and recommendation for the appointment of a potential "new employee" at an institution, the institution must complete the attached Human Resources Management and Administration Notification of assumption of duty form, Annexure 2 - DHET/HRA 001 and send via email to email address hrma@dhet.gov.za ensuring that all related compulsory documentation (i.e. the advert, cv, recommendation to appoint by the panel, a letter from the Principal confirming the process undertaken and requesting appointment of the successful candidate, and the letter from the Director-General (DG), confirming college within 63% for TVET Colleges) is attached.

2. **REAPPOINTMENT OF STAFF DISCHARGED FROM SERVICE OR TERMINATED FROM SERVICE DUE TO MISCONDUCT OR DISMISSAL**

Where any employee's service has been discharged from service or terminated from service due to misconduct or dismissal, the following will be required:

(a) A letter from respective Director/Principal /Regiona Head, outlining the need for the employee concerned to be appointed at the Department and including the rationale for reappointment, must be sent via email to the Human Resource Management and Administration to Mr Fanie Reyneke, using email address Reyneke.F@dhet.gov.za and copied to Mr SJ Slater, Labour Relations on email Slater.J@dhet.gov.za. The letter must include all the related case documents, giving details of the reason for termination as well information related to appeals and the outcomes thereof. Financial implications in respect of the payment of salaries, leave, etc. must be specified as well as whether the budget exists.

(b) On receipt of the letter in (a), a Submission will be compiled by the HRM&A team for sign off by the DG for reinstatement purposes.

(c) If the DG approves the reinstatement, the signed submission is returned to the HRM&A team who will register System Change Control (SCC) issues on the Persal System, which will allow National Treasury to change the termination type from misconduct, discharge or dismissal to 'resignation'.

(d) Once (c) is completed the employee will be reinstated on Persal.

(e) If the DG does not approve/sign off the submission, the documentation will be returned to the relevant institution and the employee will be informed that their services will no longer be required. This case is only likely to occur if no appeal outcome (internal / external), reinstates the employee.

(f) Please note a reinstatement at DHET does not automatically entitle the employee reinstatement in any other Government Department. The record of termination status remains on Persal permanently.

## 3. APPOINTMENT OF FOREIGN NATIONALS

Please note the following must be in order for appointment of Foreign Nationals:

(a) Valid Work Permit
(b) Valid Passport
(c) Valid Refugee Status

If any of the above have expired or are invalid, Persal will reject employment of the employee. The employees who fall into this category are not to report to work until or unless their appointment is accepted or activated on the Persal system.

## 4. TRANSFERS

Please note the following must be in order for internal transfers to be considered:

(a) Submit fully completed and signed Human Resources Management and Administration transfer form Annexure 3 - DHET/HRA/006 and submit to the email address: hrma@dhet.gov.za or faxed to: (012) 312 5741, or courier room 112 at DHET Head Office. Please ensure all related documentation is attached.
(b) Substantive funded concomitant vacancy must be available. Relevant employee should initiate such consultation with line managers and DHET HR/ College HR can support facilitate further.
(c) Relevant delegated authority of receiving and releasing office must consider and approve the transfer (Salary level 1-8/ Post level 1-4) vested with the Principal in TVET / CET college and Deputy Director General: Corporate Services for Head Office and Regions.
(d) All requests above Salary level 8 / PL 3 can only be approved by the Director - General and DHET Head Office HR will facilitate such on request and recommendation by both line managers (Regional Managers, TVET College Principal, CET College Principal).
(e) No relocation cost will be payable to an employee initiated transfer request.

If any of the above is not applied to the transfer cannot be considered and facilitated further.

## 5. ACTING ALLOWANCES

Please note the following must be in order for acting allowances to be considered:

(a) Submit fully completed and signed Human Resources Management and Administration acting allowance application form Annexure 4 - DHET/HRA/002 and submit to the email address: hrma@dhet.gov.za or faxed to: (012) 312 5741, or courier room 112 at DHET Head Office. Please ensure all related documentation is attached.
(b) Acting allowance can only be considered on the basis that a substantive funded vacancy exist and the relevant employee qualifies.
(c) Acting allowance can only be paid after 6 weeks of acting and no acting allowance can exceed a 12 month period.
(d) The relevant post should therefore be advertised parralell to the employee acting to avoid any acting extension as such will lead to audit queries raised.
(e) Relevant delegated authority must approve the acting (Salary level 1-8/ Post level 1-4) vested with the Principal in TVET / CET college and Deputy Director General: Corporate Services for Head Office and Regions.
(f) All requests above Salary level 8 / PL 3 can only be approved by the Director General and DHET Head Office HR will facilitate such on request and recommendation by both line managers (Regional Managers, TVET Principal, CETC Principal.

If any of the above is not applied to the acting appointment cannot be considered and facilitated further

## 6. CONDITIONS OF SERVICE / BENEFITS

All Conditions of Service / Benefits for staff in TVET and CET Colleges will be processed by DHET HRM&A at Head Office, 123 Francis Baard Street, Pretoria. This includes pension, medical aid, housing, long service awards, acting allowances, etc. Each of these will require completion of a form or written request which should be sent via email to hrma@dhet.gov.za or faxed to: (012) 312 5741, or courier to room 112 at DHET Head Office. Forms may be accessed via the email above or the website for the respective benefit stakeholder, e.g. GEMS, GEPF etc. Should any amendment to conditions of service be required colleges must complete the Human Resources Management and Administration conditions of Service Mandate form Annexure 5 - DHET/HRA/002 and submit to the email address: hrma@dhet.gov.za or faxed to: (012) 312 5741, or courier room 112 at DHET Head Office. Please ensure all related documentation is attached.

## 7. TERMINATION OF CONTRACTS

All terminations of contracts for staff in TVET and CET Institutions will be processed by DHET HRM&A at Head Office, 123 Francis Baard Street, Pretoria until PERSAL is available in each Region or College. In order to process this, the request must be sent to Mr F Reyneke, using the attached Termination of Service form Annexure 6 - DHET/HRMA/003(a) and Exit Interview Questionnaire form Annexure 7 - DHET/HRMA/003(b) which are to be emailed to hrma@dhet.gov.za or faxed to: (012)

312 5741, or via courier to room 112 at DHET Head Office and HR will revert to the institution regarding all benefit related aspects, e.g. Pension Fund, Housing etc.

## 8. LEAVE ADMINISTRATION

Leave requests must be approved by the respective head of TVET and CET Colleges and DHET Regional Heads. The processing will be done by DHET HRM&A at Head Office as follows for the following groups of staff:

a) **Regional Office Staff** – ***this relates to staff in regional office based TVET and CET Units.*** All fully completed and signed off Annexure 8 - Leave Application Forms Z1 (a) from TVET and CET Unit staff to be provided to the Regional Heads / Chief Directors, who would authorise the leave and send signed off forms via email to hrma@dhet.gov.za , or faxed to (012) 312 5741, or courier to room 112 at DHET Head Office.

b) **CET College** – ***this relates to all staff working in CET Colleges / Centres.*** All fully completed and supervisor signed-off Annexure 9 - Leave Application Forms Z1 (a) from CET College / Centre staff are to be provided to the respective CET College Principal who once authorised should send forms via email to hrma@dhet.gov.za or faxed to (012) 312 5741, or courier to room 112 at DHET Head Office.

c) **TVET Colleges** – ***this relates to all staff working in TVET Colleges.*** All fully completed and supervisor signed-off Annexure 10 - Leave Application Forms Z1 (a) from TVET College staff are to be provided to the respective College HR Department. These forms are to be collated by the HR Team using the attached Annexure 7 - Leave Schedule which must be signed off by the College Principal and Deputy Director Corporate Services on a monthly basis and emailed to hrma@dhet.gov.za or faxed to (012) 312 5741,or sent via courier to room 112 at DHET Head Office. All schedules must be received at Head Office by no later than the second week of every month following the leave application request. All Colleges who already have PERSAL will capture the leave transactions to be authorised by DHET HRM&A at Head Office, 123 Francis Baard Street.

## 9. POLICY AND PROCEDURE FOR INCAPACITY LEAVE AND ILL-HEALTH RETIREMENT (PILIR)

All **new** PILIR applications will be processed by DHET HRM&A at Head Office, 123 Francis Baard Street, Pretoria. Please note that this only relates to employees that had exhausted the 36 day sick leave cycle from 1 April 2015 onwards. For processing, PILIR application forms should be emailed to hrma@dhet.gov.za or faxed to: (012) 312 5741, or via courier to room 112 at DHET Head Office with all the elevant supporting documents. For further clarity on this, please contact Mrs Kitty White on (012) 312 5065 or email white.k@dhet.gov.za.

**NB**: All existing PILIR cases currently at Provincial Education Health Risk Manager level for processing, should be completed by that Health Risk Manager and returned to the respective institutions. Once the outcomes for these cases are received by the respective institutions these should be forwarded to DHET HRM&A Team for processing using email addresses, hrma@dhet.gov.za.

## 10. INJURIES ON DUTY (IOD)

All injuries on duty need to be reported to the Human Resource unit within 24 hours after the injury occurred. The W.CL.2 (E) form (**ANNEXURE 11**) has to be completed and forwarded with the First Medical Report in respect of an Accident (W.CL4) and a copy of the official's I.D. to the DHET HRM&A Team for processing as follows: -.

(a) **Regional Office Staff** – Injury to be reported to the respective supervisor within 24 hours after injury. The WCL2E must be signed off by Regional Head / Chief Director and emailed to hrma@dhet.gov.za

(b) **CET College Staff** - Injury to be reported to the respective supervisor within 24 hours after injury. The WCL2E must be signed off by the CET Director and emailed to hrma@dhet.gov.za.

(c) **TVET College** - Injury to be reporter to the respective supervisor within 24 hours after the injury. The WCL2E must be signed off by the Principal and HR is to collate all the forms and email to hrma@dhet.gov.za

For any matters and clarity related to Human Resource Management and Administration please contact Mr F. Reyneke on 012 312 5164 or email: Reyneke.f@dhet.gov.za

Kind Regards,

**Ms LC Mbobo**

**DDG: Corporate Services**

**Date:** 04/09/2015

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DHET/HRMA/005/TVET/CET (AET)

# REQUEST FOR AUTHORIZATION TO ADVERTISE A VACANT POST (Temporary, Contract or permanent)

| | | | | |
|---|---|---|---|---|
| Mark with x | Head Office | Region | CET (AET) | TVET |
| TVET/CET: PERSAL COMPONENT NUMBER | | | | |
| TVET/CET: COMPONENT DESCRIPTION | | | | |
| Title of post to be advertised. | | | | |
| Type(Mark with X) | Temporary | Contract | Permanent | |
| Salary level | | | | |
| Post level in case of lecturer | | | | |
| When did the post become vacant? | | | | |
| Reason for vacancy? | | | | |
| Is this a new or an existing post? | | | | |
| Was this job evaluated, (Support staff)? | | | | |
| Job Description of this post to be attached? | YES | NO | (mark with X) | |
| Is the post within the personnel budget | YES | NO | (mark with X) | |
| Draft advert to be advertise attached? | | | | |
| Are the resources available for the vacant post (e.g. furniture, computer etc.) | | | | |

*Note: Job description and draft advert must be aligned.

**SIGNATORIES**

| | Immediate Supervisor | Deputy Director : Corporate Services (TVET)/ Regional: CET (AET)/Director |
|---|---|---|
| Name in print | | |
| Tel: | | |
| Fax: | | |
| E-mail | | |
| Signature | | |
| Date | | |

**REQUEST SUPPORTED TO DHET TO CONSIDER**

I hereby support the request and confirm that personnel funds are available for the post.

| TVET Principal / Regional Head/ Branch Head | Signature | Comments if any | Date |
|---|---|---|---|
| | | | |

**HR QUALITY ASSURANCE**

I hereby confirm that the advert is checked by Human Resource Management Administration

| Deputy Director: HRM & A | Signature | Comments if any | Date |
|---|---|---|---|
| | | | |

***Note: College to advertise post in line with normal college policy based on approval granted by DHET for Sl1-Sl10 positions. DHET will advertise and administer posts for Sl11-SL13 and all CET (AET).***

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DHET/ HRA /001

**DEDUCTIONS: (Y=YES/ N=NO)**

housing subsidy | medical aid
union | medical aid: GEMS
Other (name)

**NOTIFICATION OF ASSUMPTION OF DUTY**

*(This form must only be completed for all employee's to be appointed and be submitted to DHET Head Office within 2 working days after the date of assumption of duty or earlier)*

## SECTION 1

**Temporary/Substitute /Permanent/Contract**

Surname:
Full Names:
Titles:
Persal number:
ID number:
Job title description:
Nature of appointment:
REQV:
Salary Level:
Salary Notch: R
Pension indicator: 37% (Y=Yes / N=No
TAX NUMBER:
Allowance (Acting): R
Original Start date: yyyy/mm/dd
Tax method decuction on bonus (Y=YES / N=NO):
Is the employee disabled ( yes/no plus code)
POST ADVERT SEEN AND CV SUBMITTED

Department (DHET)
Component:
Component no:
Paypoint:
Sub component no:
Occupational classification Code:
Responsibility:
Objective:
Leave accrual code:
Date of assumption of duty:
Termination Date: yyyy/mm/dd
Monthly deduction
Yearly deduction
Bank details on PERSAL Correct : ( If NO fully and signed original must be attached)
FUNCTION SHIFT | Vacancy circular | Board | MEDIA | CV SUBMITTED

## SECTION 2

**Please indicate in the boxes below with an "X" which of the following documents have been submitted and are available on the employee's Personnel File. (Certified copies always)**

Copy of ID Document:
Copy of Passport:
Work Permit:
Marriage Certificate: Married | Single | Widow/ee | Divorse
Highest School Qualification:
Tertiary Qualification:
Service Certificates:
SACE registration (Lecturers) Y=Yes/ N=No)
SACE registration number

## SECTION 3

Remarks:

| | |
|---|---|
| Compiler/name : | Supervisor/ name: |
| Job Title: | Job Title: |
| Date: | Date: |
| Contact number: | Contact number: |
| Fax number: | Fax number: |
| E-mail adress: | E-mail adress: |
| Signature: | Signature: |

## SECTION 4

Job title code:
Post number:
Post class code:
CORE / Rank Code:
Salary Scale Code:
IMPLEMENTED BY DHET : Distribution

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DHET/HRMA/006 – Internal Transfer

## INTERNAL TRANSFER REQUEST/ APPROVAL

**Note that this application must be completed for all requests for internal transfers within the Department of Higher Education (DHET). All fully completed and signed applications/approvals must be returned to the Directorate: HRMA for attention: Mr SJ Reyneke, room112), 123 Francis Baard or mail: hrma@dhet.gov.za. Point A and B must be completed by relevant employee requesting a transfer. The immediate line manager must recommend the transfer and both the Releasing / Receiving managers must approve.. Note that no transfer request can be processed without this application been fully completed and signed. This should be read in conjunction with the approved approved delegations. Mark with x**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Head Office** | | **Region** | | **Tvet College** | | **CET (AET)** | |
| **First time request** | **YES/NO** | **If NO how many previous request?** | | | | | |

| **A: CURRENT POSITION** | | | |
|---|---|---|---|
| Name / initial | | | |
| Current Job title | | | |
| Current Branch/CET/Region/TVET | | | |
| Current Directorate/Unit | | | |
| PERSAL number | | | |
| Current salary level | | Tel: | |
| Current notch value | | Cell | |
| Mail: | | | |

| **B: POST/ POSITION TO BE TRANSFERRED TO** | | | |
|---|---|---|---|
| Job title | | | |
| Branch/CET/Region/TVET | | | |
| Directorate / Chief Directorate/Unit | | | |
| Post salary level | | | |
| Post starting notch value | | | |
| Transfer start date (yyyy/mm/dd) | | | |
| Post substantive funded and vacant | YES | NO | |

I hereby apply for an internal transfer within the Department of Higher Education and Training (DHET) and note that on approval of such it can only be concomitant and no relocation cost can be claimed.

| | | | | |
|---|---|---|---|---|
| | | Recommended | YES | NO |
| Surname/ initial | | Surname/ initial | | |
| Employee | | Immediate Line Manager | | |
| Signature | | Signature | | |
| Date | | Date | | |

We hereby grant approval for the transfer and the receiving manager confirms that a substantive funded vacancy exists within the personnel budget..

| **Releasing Manager: TVET/CETC Principal/Regional Manager/ Head Office Branch Manager** | | **Receiving Manager TVET/CETC Principal/Regional Manager/ Head Office Branch Manager** | |
|---|---|---|---|
| Surname/ initial | | Surname/ initial | |
| Employee | | Immediate Line Manager | |
| Signature | | Signature | |
| Date | | Date | |

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DHET/HRMA/002 ( c ) - Request for acting appointment)

## ACTING APPOINTMENT APPLICATION REQUEST

**Note that this application must be completed for all requests for acting appointments within the Department of Higher Education (DHET). All fully completed and signed applications must be returned to the Directorate: HRMA for attention: Mr SJ Reyneke, room112), 123 Francis Baard or mail: hrma@dhet.gov.zaPoint A and B must be completed by relevant Line Manager/ Regional Head/Centre Manager/ TVET Principal /Branch Head. Note that no acting process can be processed without this application been fully completed and signed. This should be read in conjunction with the approved HR process map for acting. Mark with x**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Head Office** | | **Region** | | **Tvet College** | | | **CET (AET)** | |
| **New request** | | **Extension <12 months** | | **Extension >12 months** | | | | |

| **A: ACTING EMPLOYEE INFORMATION** | | | |
|---|---|---|---|
| Name / initial | | | |
| Current Job title | | | |
| Current Branch/CET/Region/TVET | | | |
| Current Directorate/Unit | | | |
| PERSAL number | | | |
| Current salary level | | | |
| Current notch value | | | |

| **B: POST/ POSITION TO ACT IN** | | | |
|---|---|---|---|
| Job title | | | |
| Branch/CET/Region/TVET | | | |
| Directorate / Chief Directorate/Unit | | | |
| Post salary level | | | |
| Post starting notch value | | | |
| Acting start date (yyyy/mm/dd) | | | |
| Acting end date (yyyy/mm/dd) | | | |
| Post substantive vacant | YES | NO | |
| Acting allowance to be paid | YES | NO | |
| Acting posts advertised | YES | NO | ADVERTISEMENT REQUESTED |

I hereby approve the above employee to act in the position as indicated in A and B above and confirm the availability of funds. Also note that acting appointments and allowances will not be considered for periods beyond 12 months and therefore substantive funded posts must be advertised and filled within the 12 month period. If this post is not already advertised kindly make arrangements with HRMA: Recruitment and Selection to facilitate such.

| | | | |
|---|---|---|---|
| Surname/ initial | | Surname/ initial | |
| Line Manager | | TVET Principal/ CETC Principal Regional Head/ Branch Head | |
| Signature | | Signature | |
| Date | | Date | |

| **HRMA Official use:** | | | |
|---|---|---|---|
| Post substantive vacant yes/no | | Acting allowance to start after 6 weeks | YES |
| Acting allowance to be paid yes/no | | Qualify to act (yes/no) | |
| | | Current position Notch VALUE (Per annum) | R |
| | | Acting Position Notch Value (Per annum) | R |
| | | Difference (Per annum) | R |
| | | Per month acting | R |

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DHET/HRA/002

# HUMAN RESOURCE MANAGEMENT ADMINISTRATION

**CONDITIONS OF SERIVE MANDATE**

*(This form must only be completed for all employee's who require condition of service maintenance action to be loaded on PERSAL and be submitted to DHET Head Office within 2 working days on receival of requestor earlier)*

## A. DEPARTEMENTAL EMPLOYEE INFORMATION

Primary Key: 1

| | | | |
|---|---|---|---|
| Title/Initials/ Surname: | | | |
| Province: | | | |
| Component Description: | | | |
| Persal number: | | | |
| ID number: | | | |
| Job title: | | | |
| Nature of appointment: | | | |
| Salary Level: | | | |

## B. DEPARTEMENTAL- EMPLOYEE INFORMATION:CONDITION OF SERVICE MAINTENAN

CONDITION OF SERVICE TYPE:

## Action description:

*** Full documentation to be attach to request.**

| | | | |
|---|---|---|---|
| Compiler Name: | * | Authoriser Name: | |
| Job Title: | | Job Title: | |
| Date: | | Date: | |
| Contact number: | | Contact number: | |
| Fax number: | | Fax number: | |
| E-mail adress: | | E-mail adress: | |
| Signature: | | Signature: | |

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DHET/HRA/003 (a)

# TERMINATION OF SERVICE (DHET/HRMA/ 003(a)

*(This form is to be completed by the employee and in cases of **Misconduct** and **Death** by the department)*

***DHET/HRA 003(a) must be submitted as least 30 days before date of termination***

**A: PERSONAL INFORMATION**

Surname: _____ Initials: _____

Job Title/Rank: _____

Institution: _____

Tax Number: _____

Persal Number: | | | | | | | | |

Identity Number: | | | | | | | | | | | | | |

Postal Address: _____ Residential Address: _____

_____ _____

_____ Code: _____ _____ Code: _____

Telephone Number: (_____) _____

Cell Number: _____

E-Mail: _____

**REASON FOR TERMINATION (Mark the appropriate box with an "X")**

| | | | | | |
|---|---|---|---|---|---|
| **Resignation** | | **Expiry of Contract** | | **Retirement** | |
| **Medical Retirement (Poor Health)** | | **Re-organisation** | | **Misconduct** | |
| **Death** | | **Other (Specify)** | | | |

**SERVICE TERMINATION DATE**

| Year | | | | Month | | Day | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| **Signed by Applicant/ On Behalf of Applicant** | | **Approved by Supervisor/ Head of Division** | |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| **Signature** | **Date:** | **Signature** | **Date:** |

**Shorter notice period Approved/Not Approved/ Approved as amended.**

_____

_____

_____ _____

**Director: HRMA** **Date:**

**DEPARTMENTAL HRMA MANAGER**

Name & Surname: _____

Remarks: _____

Batch no: _____

_____ _____

Signature: Compiler Signature: Supervisor

Date: Date:

Amended 26/01/2015

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DHET/HRA/003 (b)

# EXIT INTERVIEW QUESTIONNAIRE
# DEPARTMENT OF HIGHER EDUCATION AND TRAINING

Dear Colleague

With your intention of leaving the service of the Department it would be highly appreciated if you could assist the Department in its survey on its staff turnover. The purpose of this questionnaire is therefore solely to establish why staff leave the Department and to address those reasons of which the Department is not aware in order to minimize the exodus of the Department's staff. Be assured that your response will be dealt with confidentially and will bear no reflection on any future employment proposition. Thanking you in advance for your valuable time to complete this questionnaire.

Surname:.....

First name(s):.....

Rank:.....

Salary notch: R.....

Persal no:.....

Office :.....

Last day of service:

| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

1. What is the reason(s) for leaving the Department?

.....

.....

.....

.....

2. What role did the Department play in your skills development?

.....

.....

3. Would you recommend anybody to join the Department, if not, why?

(Mark with X)
YES ☐ NO ☐

.....

.....

4. Do you think that the Department delivers client centered services, if not, why?

(Mark with X)
YES ☐ NO ☐

.....

.....

.....

5. What changes would you like to see in the Department?

.....

.....

.....

6. Would you return to the Public Service and the Department in particular in future if given a chance?

(Mark with X)
YES ☐ NO ☐

.....

.....

.....

7. What is the nature of the organization that offered you employment e.g. Corporate, parastatal etc.

.....

.....

NB! Please feel free to attach any further comments/inputs that you would like to submit or wish to make to enhance the Department's image.

To be completed by the relevant office:

1. Comments/inputs by supervisor:

   .....

   .....

   .....

2. Would you re-employ the officer concerned, if not, why?

   (Mark with X)
   YES ☐ NO ☐

   .....

   .....

   .....

3. Latest PDMS/ IQMS score

   .....

Signature (HRMA Official): _____

Name in Print: _____

Date: _____

Tel: (.....).....

Fax: (.....).....

E-mail: .....@.....

To be completed by Head Office:

Comments by the Directorate: Human Resources Management:

.....

.....

.....

.....

.....

.....

.....

Signature: _____

Name in Print: _____

Director: Human Resource Management Administration

Date: _____

Tel: (.....).....

Fax: (.....).....

E-mail: .....@.....

# APPLICATION FOR LEAVE OF ABSENCE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Surname | | Initials: | | | | | |
| PERSAL Number: | | Shift Worker | Yes | ○ | No | ○ | |
| Address during the Leave Period: | | Casual Employee | Yes | ○ | No | ○ | |
| | | Department | | | | | |
| | | Component | | | | | |
| Tel. No.: | | | | | | | |

**SECTION A: For Periods covering full day**

| Type of Leave Taken as Working Days | Start Date | End Date | Number of Working Days |
|---|---|---|---|
| Annual Leave | | | |
| Normal Sick Leave[1] | | | |
| Temporary Incapacity Leave | *This application form must not be used to apply for temporary incapacity leave. Temporary incapacity leave must be applied for on the application form prescribed in terms of the Management Policy and Procedure on Incapacity Leave and Ill-health Retirement for Public Service Employees. Please contact your Personnel Office for further information.* | | |
| Leave for Occupational Injuries and Diseases | | | |
| Adoption Leave[2] | | | |
| Family Responsibility Leave (Provide Evidence) | | | |
| Pre-natal Leave (Provide Evidence) | | | |
| Special Leave | | | |
| Specify Type of Special Leave | | | |
| Leave for Union Office Bearers (Provide Evidence) | | | |
| Leave for Union Shop Stewards (Provide Evidence) | | | |
| Specify Union Affiliation | | | |
| Type of Leave Taken as Calendar Days/Months | Start Date | End Date | Number of Calendar Days |
| Unpaid Leave (Provide motivation) | | | |
| Maternity Leave (Attach medical certificate) | | | No. of Calendar Months |

**SECTION B: For periods covering parts of a day or fractions**

| Type of Leave Taken as Working Days | Date | Start Time | End Time | Number of Hours/ Minutes | |
|---|---|---|---|---|---|
| Annual Leave | | | | h | m |
| Normal Sick Leave | | | | h | m |
| Family Responsibility Leave (Provide Evidence) | | | | h | m |
| Pre-natal Leave (Provide Evidence) | | | | h | m |
| Special Leave | | | | h | m |
| Specify Type of Special Leave | | | | | |
| Leave for Union Office Bearers (Provide Evidence) | | | | h | m |
| Leave for Union Shop Stewards (Provide Evidence) | | | | h | m |
| Specify Union Affiliation | | | | | |

*I hereby certify that I have acquainted myself of my available leave credits and with the rules governing the leave I have applied for. Further, I am certifying 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.*

EMPLOYEE SIGNATURE _____ DATE _____

[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.

| SUMMARY OF INFORMATION FROM PAGE 1 (To be completed by employee) | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Surname | | Initials | | PERSAL Number | | | | | | | | | | |

| Type of Leave Taken as Working Days | Start Date | End Date | Number of Working Days |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| Type of Leave Taken as Working Days | Date | Start Time | End Time | Number of Hours/ Minutes | |
|---|---|---|---|---|---|
| | | | | h | m |
| | | | | h | m |
| | | | | h | m |

| Employee Signature | | Date | |
|---|---|---|---|

**Recommendation By Supervisor/Manager (Mark with X)**

| Recommended | | Not Recommended | | Rescheduled | |
|---|---|---|---|---|---|

REMARKS (*If not recommended please state the reasons & the dates in the case of rescheduling*):

_____

_____

_____

_____

_____

_____

_____

_____ _____

MANAGER'S/SUPERVISOR'S SIGNATURE DATE

**Approval By Head of Department (Mark With X)**

| Approved With Full Pay | | Approved Without Pay | | Not Approved | |
|---|---|---|---|---|---|

REMARKS (*If approved with a change in condition of payment or not approved, please provide motivation*):

_____

_____

_____

_____

_____

_____

_____

_____ _____

SIGNATURE OF HOD OR DESIGNEE DATE

**DATA CAPTURING**

CAPTURED BY:_____ CAPTURED ON _____ Signature_____

CHECKED BY:_____ CHECKED ON:_____ Signature_____

# APPLICATION FOR LEAVE OF ABSENCE

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Surname | | | | | | | | | | Initials: | | | | | |
| PERSAL Number: | | | | | | | | | | Shift Worker | Yes | O | No | O | |
| Address during the Leave Period: | | | | | | | | | | Casual Employee | Yes | O | No | O | |
| | | | | | | | | | | Department | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | Component | | | | | |
| Tel. No.: | | | | | | | | | | | | | | | |

| SECTION A: For Periods covering full day | | | |
|---|---|---|---|
| Type of Leave Taken as Working Days | Start Date | End Date | Number of Working Days |
| Annual Leave | | | |
| Normal Sick Leave[1] | | | |
| Temporary Incapacity Leave | *This application form must not be used to apply for temporary incapacity leave. Temporary incapacity leave must be applied for on the application form prescribed in terms of the Management Policy and Procedure on Incapacity Leave and Ill-health Retirement for Public Service Employees. Please contact your Personnel Office for further information.* | | |
| Leave for Occupational Injuries and Diseases | | | |
| Adoption Leave[2] | | | |
| Family Responsibility Leave (Provide Evidence) | | | |
| Pre-natal Leave (Provide Evidence) | | | |
| Special Leave | | | |
| Specify Type of Special Leave | | | |
| Leave for Union Office Bearers (Provide Evidence) | | | |
| Leave for Union Shop Stewards (Provide Evidence) | | | |
| Specify Union Affiliation | | | |
| Type of Leave Taken as Calendar Days/Months | Start Date | End Date | Number of Calendar Days |
| Unpaid Leave (Provide motivation) | | | |
| Maternity Leave (Attach medical certificate) | | | No. of Calendar Months |

| SECTION B: For periods covering parts of a day or fractions | | | | | |
|---|---|---|---|---|---|
| Type of Leave Taken as Working Days | Date | Start Time | End Time | Number of Hours/ Minutes | |
| Annual Leave | | | | h | m |
| Normal Sick Leave | | | | h | m |
| Family Responsibility Leave (Provide Evidence) | | | | h | m |
| Pre-natal Leave (Provide Evidence) | | | | h | m |
| Special Leave | | | | h | m |
| Specify Type of Special Leave | | | | | |
| Leave for Union Office Bearers (Provide Evidence) | | | | h | m |
| Leave for Union Shop Stewards (Provide Evidence) | | | | h | m |
| Specify Union Affiliation | | | | | |

*I hereby certify that I have acquainted myself of my available leave credits and with the rules governing the leave I have applied for. Further, I am certifying 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.*

EMPLOYEE SIGNATURE _____ DATE _____

[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.

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**
**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.

# EMPLOYER'S REPORT OF AN ACCIDENT

## COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

Section 6(A) (b) – Annexure 13

*Instructions:*

*Complete the form in block letters and mark appropriate areas (X)*

(For official use only)

Claim No.: .....

Provincial Office

.....

Date .....

## DECLARATION BY EMPLOYER OR AUTHORISED PERSON

I hereby declare that the particulars, shown in items 1 to 62 of this report, of an alleged injury on duty, are to the best of my knowledge and belief true and accurate.

Signed on this ..... day of .....year..... → Signature .....

## EMPLOYER

1. Registered name with the Compensation Commissioner .....
2. Registered number of this business with the Compensation Commissioner
3. Contact person .....
4. Street address ..... 5. Postal code .....
6. Postal address ..... 7. Postal code ..... 8. Tel. no. (.....) .....
9.1 Fax no. (.....) ..... 10. Situation of business/farm .....
9.2 E-mail address .....
11. Nature of business, trade or industry .....

## EMPLOYEE (CERTIFIED COPY OF IDENTITY DOCUMENT TO BE ATTACHED)

12. Is the injured person a | working director | working member of a CC | owner of | partner in the business? | Not applicable |
13. Surname ..... 14. First names .....
15. ID no. ..... 16. Date of birth ...../...../..... 17. Sex | Male | Female |
18. Marital state | Married | Single | 19. Citizen of .....
20. Personnel no. ..... 21. Occupation .....
22. Street address ..... 23. Postal code .....
24. Postal address ..... 25. Postal code .....
26. Tel. No. (.....) .....
27. Period in your employ (years/months) ...../..... 28. Expected period of disablement (days) | 0-13 days | 14 & more |

## ACCIDENT

29. Date of accident ...../...../..... 30. Time .....
31. Place of accident ..... 32. District .....
32.2 Province .....
33. Date employee reported accident ...../...../..... 34. Time .....
35. What task was the employee performing at the time of the accident? .....
36. Period of experience in the task performed (years/months) ...../.....
37. Was his action at the time of the accident in connection with your trade or business? | YES | NO |
(If "no" state reasons on reverse side Part A page 3)
38. Short description of how the accident occurred. (ALSO mark the applicable items on the reverse side of Part A Page 3 and use same for a full description) .....
.....
(Refer the machine/process involved, whether the injured person fell or was struck and all the factors contributing to the accident).
39. Was the accident a traffic accident on a public road? | YES | NO |
40. Nature of injury sustained (e.g. index finger of right hand crushed) .....
Mark any of the following when applicable: | Killed | Amputation | Unconsciousness |
41. Are you satisfied that the employee was injured in the manner alleged by him? | YES | NO | If not, give reasons.
(If "no" state reasons on reverse side Part A page 3)
.....

**PART A PAGE 2 MUST ALSO BE COMPLETED**

Please complete in detail to ensure early finalisation.

41

(COMPULSORY TO COMPLETE)

PART A PAGE 2

**Employer:** ..... **Date of accident:** .....

**Employee:** ..... **Employee's ID No:** .....

**FURTHER PARTICULARS OF EMPLOYEE**

42. Earnings of employee at the time of accident:
Attach copy of payslip as at time of accident.

| | R/Week | R/Month |
|---|---|---|
| Gross cash earnings: (including average payments for overtime and/or commission of a constant character) ..... | | |
| Allowances of a recurrent nature: ..... | | |
| a) Bonuses (i.e. 13th cheque) ..... | | |
| b) Other allowances (specify nature) ..... | | |
| Cash value of: | | |
| Free food ..... | | |
| Free quarters ..... | | |
| Other payment in kind (specify nature) ..... | | |

43. In terms of section 47 of the Act an employer is obliged to pay an employee full compensation for the first three months of absence

44. Are you prepared to make further compensation payments after the first three months from the date of the accident? YES | NO

45. If you have already paid cash (earnings) to the employee, state the total amount R .....

46. For what period were such payments made? From ...../...../..... To ...../...../.....

47. Number of days per week worked by the employee .....

48. Date on which the employee ceased work due to accident ...../...../..... 49. Time .....

50. Did the employee complete his shift on the day that he ceased work? YES | NO

51. Date on which the employee resumed work ...../...../..... 52. Time .....

**(If the employee will be off duty for an extended period, an Interim Resumption Report (W.CI.6) must be submitted monthly).**

53. If the employee was killed in the accident, state name and address of dependant of the employee. .....

.....

**FURTHER PARTICULARS**

54. Should the employee have any physical defect, have suffered from any serious disease prior to the accident or has previously received compensation for permanent disablement, give full particulars. .....

55. Was first aid given in this case? YES | NO

56. State the name of the medical practitioner/chiropractor who treated the employee. .....

57. If the employee received treatment at a hospital, state name of hospital. .....

58. Was the accident caused by the employee's: a) Deliberate non-compliance with directions? YES | NO

b) Reckless disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents? YES | NO

c) Action while under the influence of liquor or drugs? YES | NO

(N.B. If any reply is in affirmative, the employee must furnish an explanatory statement which must then be attached hereto together with your comments thereon).

59. Name and address of anybody: a) Who witnessed the accident .....

b) Who was aware of the accident at the time .....

60. How many other employees were injured in the same accident? .....

61. If the accident was investigated by the SA Police, state name of Police Station and docket number applicable .....

.....

62. If motor vehicles were involved, furnish registration number/s. .....

**ANY ADDITIONAL DETAILS CAN BE SUPPLIED ON PART A PAGE 3**

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PART A PAGE 3

**Employer:** ..... **Date of accident:** .....

**Employee:** ..... **Employee's ID No:** .....

38. Continuation of point 38 of the previous page. Contributing factors/causes applicable. (Mark the applicable item/s at A and B).

A)

| | |
|---|---|
| Defective plant | |
| Defective machine | |
| Unfavourable conditions of work | |
| Fault of employer | |
| Fault of injured employee | |
| Fault of supervisor | |

B)

| | |
|---|---|
| Railway | |
| Building work | |
| Electricity | |
| Chemicals | |
| Poisoning | |
| Burns | |

| | |
|---|---|
| Explosions | |
| Rotating machine | |
| Press/Rollers | |
| Woodworking machine | |
| Lifting machine | |
| Hand tools | |

Other machinery (Specify): .....

Any other contributing factors, not mentioned above (Specify): .....

The rest of this page may be used for any additional details or comments regarding the accident.

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# EMPLOYER'S REPORT OF AN ACCIDENT

## COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

Section 6(A) (b) – Annexure 13

*Instructions:*

*Complete the form in block letters and mark appropriate areas (X)*

(For official use only)

Claim No.: .....

Provincial Office

.....

Date .....

## DECLARATION BY EMPLOYER OR AUTHORISED PERSON

I hereby declare that the particulars, shown in items 1 to 62 of this report, of an alleged injury on duty, are to the best of my knowledge and belief true and accurate.

Signed on this ..... day of .....20..... → Signature .....

## EMPLOYER

1. Registered name with the Compensation Commissioner .....
2. Registered number of this business with the Compensation Commissioner
3. Contact person .....
4. Street address ..... 5. Postal code .....
6. Postal address ..... 7. Postal code ..... 8. Tel. no. (.....) .....
9.1 Fax no. (.....) ..... 10. Situation of business/farm .....
9.2 E-mail address .....
11. Nature of business, trade or industry .....

## EMPLOYEE (CERTIFIED COPY OF IDENTITY DOCUMENT TO BE ATTACHED)

12. Is the injured person a | working director | working member of a CC | owner of | partner in the business? | Not applicable |
13. Surname ..... 14. First names .....
15. ID no. ..... 16. Date of birth ...../...../..... 17. Sex | Male | Female |
18. Marital state | Married | Single | 19. Citizen of .....
20. Personnel no. ..... 21. Occupation .....
22. Street address ..... 23. Postal code .....
24. Postal address ..... 25. Postal code .....
26. Tel. No. (.....) .....
27. Period in your employ (years/months) ...../..... 28. Expected period of disablement (days) | 0-13 days | 14 & more |

## ACCIDENT

29. Date of accident ...../...../..... 30. Time .....
31. Place of accident ..... 32. District .....
32.2 Province .....
33. Date employee reported accident ...../...../..... 34. Time .....
35. What task was the employee performing at the time of the accident? .....
36. Period of experience in the task performed (years/months) ...../.....
37. Was his action at the time of the accident in connection with your trade or business? | YES | NO |
(If "no" state reasons on reverse side Part A page 3)
38. Short description of how the accident occurred. (ALSO mark the applicable items on the reverse side of Part A Page 3 and use same for a full description) .....
(Refer the machine/process involved, whether the injured person fell or was struck and all the factors contributing to the accident).
39. Was the accident a traffic accident on a public road? | YES | NO |
40. Nature of injury sustained (e.g. index finger of right hand crushed) .....

Mark any of the following when applicable: | Killed | Amputation | Unconsciousness |

41. Are you satisfied that the employee was injured in the manner alleged by him? | YES | NO | If not, give reasons.
(If "no" state reasons on reverse side Part A page 3)
.....

**PART A PAGE 2 MUST ALSO BE COMPLETED**

Please complete in detail to ensure early finalisation.

44

PART B PAGE 2

# DIRECTIONS TO MEDICAL PRACTITIONER/CHIROPRACTOR/HOSPITAL

(a) Only the Compensation Commissioner shall decide whether liability in respect of an accident should be accepted in terms of the provisions of the Act.

(b) If liability is not accepted by the Compensation Commissioner medical expenses cannot be paid from the Compensation Fund.

(c) The FIRST MEDICAL REPORT (W.CI.4) must be completed in ***duplicate*** and care must be taken to ensure that the full names of the employee and employer and the employee's ID number as shown on this form, appear thereon. The original must be sent to the employer as soon as possible whilst ***the duplicate must be kept by the medical practitioner/chiropractor or hospital together with this form.***

(d) The medical practitioner/chiropractor or hospital must send a specified account to the employer. if the account is still ***unpaid after 2 months this form together with the duplicate FIRST MEDICAL REPORT (W.CI.4)*** and specified account must be sent under cover of an ***Enquiry Regarding Unpaid Account (W.CI.20)*** 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**
**Website • http://www.labour.gov.za**

**PROVINCIAL OFFICES : DEPARTMENT OF LABOUR**

| TOWN | POSTAL ADDRESS | STREET ADDRESS | TELEPHONE | FAX |
|---|---|---|---|---|
| Durban | PO Box 940 | Salmon Grove Chambers<br>407 Smith Street | 031 - 366 2191/00<br>031 - 366 2097/98 | 031 - 305 7560 |
| Cape Town | PO Box 872 | 4th Floor Westbank House<br>Cnr. Riebeeck and Long Street | 021 - 441 8000 | 021 - 441 8048 |
| Bloemfontein | PO Box 522 | Laboria House<br>43 Maitland Street | 051 - 505 6248<br>051 - 505 6200 | 051 - 447 9353 |
| Kimberley | P/Bag X5012 | Laboria House No. 43<br>Cnr. Compound & Pniel Roads | 053 - 838 1500<br>053 - 838 1616 | 053 - 832 8167 |
| Pretoria | PO Box 393 | Concillium Building<br>239 Skinner Street | 012 - 309 5282 | 012 - 309 5142 |
| Johannesburg | PO Box 4560 | Annuity House<br>18 Rissik Street | 011 - 497 3086<br>011 - 497 3283<br>011 - 497 3136 | 011 - 497 3293 |
| Mmabatho | P/Bag X2040 | Provident House, 2nd Floor<br>University Drive | 018 - 387 8100 | 018 - 384 2597 |
| Witbank | P/Bag X7263 | Labour Building<br>Cnr Hofmeyer & Beatty Avenue | 013 - 655 8700 | 013 - 690 2622 |
| Polokwane (Pietersburg) | P/Bag X9368 | Boland Bank Building<br>42a Shoeman Street | 015 - 290 1740 | 015 - 290 1692 |
| East London | P/Bag X9005 | Laboria Building<br>Cnr Church & Oxford Streets | 043 - 701 3297<br>043 - 701 3000 | 043 - 743 2047 |

PERSAL

# DEPARTMENT OF HIGHER EDUCATION AND TRAINING

## TRAVEL AND SUBSISTENCE CLAIM

| | | | |
|---|---|---|---|
| **Persal Number:** | | **Claim Number:** | |
| **Identity Number:** | | | |
| **Surname:** | | | |
| **Initials:** | | | |
| **Forwarding Address:** | | | |
| **Postal code:** | | | |
| **Claim description:** | | | |

**ALLOCATION**

| | PERSAL CODE | DISCRIPTION (PERSAL FUNTION #5.3.11) | AMOUNT |
|---|---|---|---|
| **RESPONSIBILITY CODE:** | 0436 | T & S Allowance | 3705 |
| 32284278 | 0462 | T & S: Actual Dom Exp: Accommodation | Na |
| **OBJECTIVE CODE:** | 0588 | T & S: Actual Dom Exp: Meals | Na |
| 30112278 | 0463 | T & S: General Public Transport Exp. | Na |
| **PROJECT CODE:** | 0464 | T & S: Incidental Cost | Na |
| 4278 | 0473 | T & S: Overseas | 3705 |
| | 0476 | T & S: Actual Foreign Exp: Accommodation | Na |
| | 0589 | T & S: Actual Foreign Exp: Meals | Na |
| | 0477 | T & S: General Public Transport Exp: Foreign | Na |
| **Total claim:** | | | |
| **Deduct:** | 0043 | Advance: T & S: Ref/debt no: | Na |
| **Nett Amount:** | | | |

**DETAIL:**

| Description (Place from and to which travelled and particulars of objective or service or duty and/or description of transport and incidental expenses | Date From | Date To | Time From | Time To | Number of Days | Number of Hours | Rate P/D | Rate P/H | Amount R |
|---|---|---|---|---|---|---|---|---|---|
| Purpose: Transport for marking exainations | | | | | | | | | |
| From: (Provide a common name of your place of residence) | | | | | | | | | |
| From: | | | | | | | | | |
| To: | | | | | | | | | |
| Tollgates: | | | | | | | | | |
| Own car (Km travelled): | | | | | | | | | |
| Registration number: | | | | | | | | | |
| Accommodation: attach proof | | | | | | | | | |
| Meals: | | | | | | | | | |
| Taxi (Km travelled): | | | | | | | | | |
| | | | | | | | | | |
| ID: | | | | | | | | | |
| Cell no. | | | | | | | | | |

I 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.

| | |
|---|---|
| Total amount of claim: | |
| Less advance: | |
| Net amount of claim: | |

| APPLICANT | CERTIFIED CORRECT | APPROVED |
|---|---|---|
| | | |
| Signature: Applicant | Signature: Checking Officer | Signature: Head of Department |
| | | |
| Surname & Initials | Surname & Initials | Surname & Initials |
| | | |
| Rank | Rank | Rank |
| | | |
| Date (dd/mm/yyyy) | Date (dd/mm/yyyy) | Date (dd/mm/yyyy) |

| *For office use only:* | |
|---|---|
| Captured by: | |
| Date (dd/mm/yyyy) | |
| Authorised by: | |
| Date (dd/mm/yyyy) | |

higher education
& training
Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

Private Bag X174, PRETORIA, 0001, 123 Schoeman Street, PRETORIA, 0002, South Africa
Tel: (012) 312 5911, Fax: (012) 321 6770
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# FUNCTION SHIFT HUMAN RESOURCE CIRCULAR 13 OF 2015

## HUMAN RESOURCES: LABOUR RELATIONS (LR)

**TO: BRANCH HEAD: VOCATIONAL AND CONTINUING EDUCATION AND TRAINING (VCET)**
**REGIONAL MANAGERS/ CHIEF DIRECTORS**
**UNIT DIRECTORS: COMMUNITY EDUCATION AND TRAINING (CET)**
**UNIT DIRECTORS: TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING (TVET)**
**PRINCIPALS: TVET AND CET COLLEGES**
**TVET COLLEGE DEPUTY PRINCIPALS: CORPORATE SERVICES**
**TVET COLLEGE HUMAN RESOURCE MANAGERS**

**CC: CHAIRPERSONS OF TVET AND CET COLLEGE COUNCILS**

**LABOUR RELATIONS PROCESSESS TO BE OBSERVED BY ALL PUBLIC COLLEGES:**

Please note that the Delegations associated with Labour Relations and associated processes were concluded and signed by the Minister on 24 July 2015. This means that certain Labour Related functions are delegated to the Director-General, the Deputy Director-General for Corporate Services and College Principals. This Aim of this Circular is to ventilate and/or clarify the provisions of the:

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- DHET Labour Relations Structure
- Disciplinary Process related to Misconduct
- Precautionary Suspensions and Precautionary Transfer
- Related Appeal Processes
- Grievance Resolution
- Conciliation and Arbitration Operational Processes
- Incapacity cases
- Misconduct Incapacity and Grievance database
- Request for the Appointment of Chairpersons and Initiators to preside over formal Disciplinary matters
- Labour Relations Manual
- Specific arrangements for CET Colleges
- Employee Health and Wellness

## 1. The Departmental Labour Relations Management Structure

The current DHET Labour Relations Senior Management Structure consists of:

| | |
|---|---|
| Deputy Director-General: Corporate Services<br><br>Ms L Mbobo, Room 939, 117-123 Francis Baard Street, Pretoria<br>012 312 5465 or 082 570 0175<br>Mbobo.l@dhet.gov.za<br><br>PA: Ms Amukelang Makuvhela<br>Makuvhela.A@dhet.gov.za<br>012 312 6070 | Director: Labour Relations Management<br><br>Mr JF Slater, Room 628, 117 Francis Baard Street, Pretoria<br>012 312 5363 or 079 529 3887<br>Slater.j@dhet.gov.za<br><br>PA: Ms Rachel Mogafe<br>Mogafe.r@dhet.gov.za<br>012 312 5363 |

## 2. Responsibilities of the Labour Relations Directorate:

It is important to note that the following functions are delivered internally, to Regional Offices and to Colleges:

2.1 To facilitate grievance and dispute resolution processes
2.2 To facilitate discipline management amongst employees;
2.3 To manage the collective bargaining processes in the different forums;
2.4 To maintain a labour relations framework securing labour peace;
2.5 To facilitate training and policy development;
2.6 To implement an effective employee health and wellness framework and dealing with incapacity cases;

## 3. Responsibilities of Departmental Officials

**Officials appointed in the Labour Relations Directorate have the following specific responsibilities:**

3.1 Receive labour relations cases from Regional Offices and Colleges;
3.2 Allocate the cases to relevant managers;
3.3 Provide feedback to managers;
3.4 Assist Regional Offices and Colleges with Submissions and Caseload;
3.5 Appoint initiators and presiding officers for disciplinary hearings;
3.6 Ensure effective communication between Head Office, Regional Office and Colleges;
3.7 Arrange sessions with Regional Offices and Colleges

## 4. Delegations for Colleges and the Department Head Office on Discipline

4.1 The following delegation(s) of authority regarding related disciplinary matters shall apply to Public Colleges and the Department with immediate effect:

| **Delegation for Colleges** | **Category of Employees** | **Authority** | **Objection or Appeal** |
|---|---|---|---|
| Misconduct: less serious | Salary level 1 - 8 Post Level 1 – 3 | Principal of a College – depending on levels | Regional Manager |
| Misconduct: serious | Salary level 1 - 8 Post Level 1 - 3 | Principal of a College | Appeal Board as established by the Minister |
| Misconduct: less serious | Salary level 9 - 12 Post Level 4 - 6 | College – depending on levels (Please verify if this is correct, I do not think it is for SL 9-12) | Regional Office |
| Misconduct: serious | Salary level 9 - 12 Post Level 4 - 6 | Director-General | Appeal Board as established by the Minister |

| **Delegation for DHET Head and Regional Office Employees** | **Category of Employees** | **Authority** | **Objection or Appeal** |
|---|---|---|---|
| Misconduct: less serious | Salary level 1 – 8 or equivalent | Line Management | Appeal Board as established by the Minister |
| Misconduct: serious | Salary level 1 – 8 or equivalent | DDG: Corporate Services | Appeal Board as established by the Minister |

| Delegation for DHET Head and Regional Office Employees | Category of Employees | Authority | Objection or Appeal |
|---|---|---|---|
| Misconduct: less serious | Salary level 9 – 12 | Line Management | Appeal Board as established by the Minister |
| | Salary level 13 - 16 | Line Management and Minister | No APPEAL |
| Misconduct: serious | Salary level 9 -12 | Director-General | Appeal Board as established by the Minister |
| | Salary level 13+ | Minister | No APPEAL |

***Please note that the following procedures shall apply in respect of misconduct cases which occurred or were initiated prior to 1 April 2015 for all employees working at Public Colleges (except Principals and Deputy Principals) and which were not concluded by 31 March 2015 or are still pending:**

4.1 The Old Employer (College in the form of a letter from the Principal) must inform the New Employer (DHET – Director Labour Relations) immediately of the case.

4.2 If the matter relates to serious misconduct and the alleged offender is an employee other than the Deputy Principal or Principal, the College must finalize the matter (Director Labour Relations to be consulted) and report the outcomes to the Director: Labour Relations.

4.3 The College ratified policies, processes and disciplinary code will apply until the matter is finalised.

## 5. Disciplinary cases – Operational Arrangements

Misconduct cases which occurred or were initiated on or after 1 April 2015 for employees who have migrated to the Department (except Principals ) the Public Service Coordinating Bargaining Council (PSCBC) Resolution 1 of 2003 (the Disciplinary Code and Procedure for the Public Service) shall apply.

For employees on Salary Level 13 and above, Chapter 7 of the Senior Management Service (SMS) Handbook read together with PSCBC Resolution 1 of 2003, shall apply.

## 6. Serious Misconduct as defined in the Labour Relations Manual (SL 9 – 12/Equivalent)

In the event of an alleged serious misconduct, a formal investigation and hearing MUST be conducted. The Department through the Labour Relations Unit must ensure that Colleges prepare and submit all relevant documentation, i.e.

- Investigative Report;
- Evidence;
- Notice of intention to suspend/or precautionary transfer;
- Charge sheet
- Appointment of Initiator; and
- Appointment of Presiding Officer

The submission and charge sheet MUST be on a letterhead of the DHET/COLLEGE and for the signature of the:

a) **Minister** for misconduct salary levels 13 – 16;
b) **Director-General** for misconduct salary levels 9 – 12;
c) **Deputy Director-General Corporate Services** for misconduct salary levels 1 - 8 and PL 1 – 3 (Head Office & Regional Office); and
d) **Principal of a College** for misconduct levels 1 - 8 and PL 1 – 3.

**Notice of the disciplinary enquiry and process:**

*Please take note that all disciplinary matters MUST be concluded or finalised within the established 90 days standard. For employees appointed between Salary levels 1-12 or equivalent who wish to appeal either the verdict and/or the sanction of the disciplinary hearing, has five (5) days to appeal to the Central Ministerial appointed Appeal Board. The appeal must be delivered via the Principal's office to:

The Secretariat: DHET Appeal Board;
For Attention, Mr MD Phaka, Room 626,
117 Francis Baard Street, Pretoria or
phaka.d@dhet.gov.za or 012 312 5873

7. **Less Serious Misconduct – Informal Hearing**

In this process only sanctions falling short of a dismissal shall apply. The following associated procedures shall be implemented by all Colleges with immediate effect:

7.1 Immediate supervisor assisted by the Labour Relations Unit calls for an informal disciplinary "meeting" with the employee.
7.2 Employee must be timeously informed and in writing.
7.3 Sit down and explain the offense, give employee an opportunity to respond and give reasons for your decision/sanction.
7.4 Report the matter via LR to the Principal
7.5 Employee can object or appeal to the Regional Manager (College to provide details of the Regional Manager.
7.6 Sanction on personnel file for six (6) months
7.7 Forward the sanction in writing to the Directorate Human Resource Administration and Management for filing.

## 8. Precautionary Suspension or Transfer on Full Pay

**The disciplinary code makes provision for the above if an employee:**

8.1 is alleged to have committed a serious offence;

8.2 would endanger the wellbeing or safety of any person or state property;

8.3 is alleged to have committed a serious offence and his/her presence might jeopardise any investigation

Precautionary suspensions or transfer shall be executed as per the approved delegations towards the Minister, the Director-General, the Deputy Director-General for Corporate Services and the Principal of a College. The disciplinary hearing must commence within sixty (60) days after the date of the precautionary suspension or transfer. The precautionary suspension or transfer MUST be preceded by a notice of the intention to suspend whereby the employee is provided an opportunity to give reasons why he/she should not be suspended from work. Where a College Principal has reason to implement the above provisions he/she must inform the Director Labour Relations.

Requests for advice on disciplinary matters including precautionary suspensions and transfers should be forwarded to the following head office personnel:

Mr J Kwakwa: Deputy Director, Room 755,
117-123 Francis Baard Street, Pretoria.
012 312 5171 or kwakwa.j@dhet.gov.za

Ms S Mathabathe: Assistant Director, Room 616,
117-123 Francis Baard Street, Pretoria
012 312 6127 or mathabathe.s@dhet.gov.za

Mr M Mabe: Assistant Director, Room 757d,
117-123 Francis Baard Street, Pretoria.
012 312 5869 or mabe.m@dhet.gov.za

Ms J Avis: Senior Labour Relations Specialist, Room 625,
117-123 Francis Baard Street, Pretoria.
012 312 5363 or julianne.avis@gmail.com

**9. Grievances**

Grievances must be resolved internally and closest to the point of occurrence. PSCBC Resolution 14 of 2002 shall be used to activate and finalize all grievances. Where a grievance is not resolved within the 30 day period, the matter shall either be referred to the Minister/ Executing Authority or the applicant might referred the grievance to the Office of the Public Service Commission. In referring the matter to the Minister, the grievance must come through the office of the Deputy Director-General: Corporate Services. A formal Grievance MUST be registered on the prescribed Form.

**Requests for advice on grievances should be forwarded to the following head office personnel:**

Mr J Kwakwa: Deputy Director, Room 745, 117, Francis Baard Street, Pretoria.
Tel: (012) 312 5171 or kwakwa.j@dhet.gov.za

Ms J Avis: Senior Labour Relations Specialist, Room 625, 117 Francis Baard Street, Pretoria. 012 312 5363 or julianne.avis@gmail.com - cell no. 082 813 8919

Mr P Mkwanazi: Labour Relations Specialist, Room 623, 117 Francis Baard Street, Pretoria, 012 312 5171 or 083 760 5498 or mkwanazipaul36@gmail.com – 083 760 5498

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## 10. Matters scheduled for Conciliation or Arbitration

ALL referrals must be directed to the Director-General as the employer and all matters set down for Conciliation and/or Arbitration must be forwarded to the Department for either noting or for discussion to the Deputy Director-General: Corporate Services, Ms LC Mbobo and the Director: Labour Relations, Mr J Slater.

## 11. College Paid Staff

For College Paid Staff all existing/or as amended Council ratified policies will apply. The College Councils might want to adopt the same policies as applied by the Department.

## 12. Incapacity cases

All short and long term incapacity applications must be forwarded to **Ms Kitty White** (see below for contact details). All applications prior to 1st January 2015 that have not already been logged with the Provincial Education or the DHET and where the individual is back at work and whom have been paid during their absences must also be forwarded to the Department. These absences will be captured by the Department as sick leave.

Ms K White, Assistant Director Personnel Administration, Room 107, 117 Francis Baard Street, Pretoria. Email: white.k@dhet.gov.za or 012 312 5065.

## 13. Misconduct, Incapacity and Grievances (MIG) database – www.psmig.co.za

All cases must be logged onto the MIG database within two (2) days after its occurrence and must be monitored by all Principals.

The following official is responsible for the Administration of the database:

Mr G Luwemba: Labour Relations Specialist, Room 623,
117 Francis Baard Street, Pretoria.
012 312 5116 or 072 350 5040 or
Luwemba.G@dhet.gov.za or geoffreyl@hrtvet.co.za

## 14. National Database for Initiators and Presiding Officers

**If need be**, Colleges are urged to forward all requests for Initiators and Presiding Officers to the office of the Deputy Director-General: Corporate Services. Colleges must budget for subsistence allowance, traveling and accommodation where required.
**A list of contact of initiators and presiding officers details is provided for as per request.**

## 15. External Service Providers

In the event that the colleges have existing Service Providers to assist with cases, it is advisable for the college to notify the Department through the office of the Director: Labour Relations. Any external service provider will have to obtain a mandate (in writing) from either the Department and/or the College to fulfil a representative role. The use of external service providers is however discouraged and must only happen on serious misconduct cases.

## 16. Forensics

Only the Minister, Director-General or College Council has the authority to appoint a service provider to do a forensic investigation.

also provide management with an opportunity to be pro-active in dealing with issues affecting the college in general and the staff in particular. Issues of mutual interest are only discussed as part of the central bargaining framework and thus NO college can change conditions of service unilaterally. The Director-General is the custodian of all Human Resource Management Policies. A team is currently hard at work to finalize and customize all related policies which will be implemented on 1 April 2016, following due consultative processes.

## 18. Strike Management

A separate strike management plan was forwarded to all College Principals earlier this year. Colleges must immediately inform the Department of any disruptions caused by employees and/or students which can have an effect on teaching and learning.

## 19. Operational arrangements for Community Education and Training (CET) Colleges on labour related and employee health and wellness matters

All CET Colleges must refer their cases to the applicable Regional Office from where it will be referred to the Directorate: Labour Relations at Head Office.

A list of allocated officials with their contact details is attached and will serve as the contact person for the Regional Office in dealing with the reported cases.

## 20. Employee Health and Wellness

Matters concerning Employee Health and Wellness must be managed by the College in conjunction with the Regional Office.

Requests for advice on matters pertaining to Employee Health and Wellness should be forwarded to the following head office personnel:

Ms Hilda Serepo, Assistant Director EHW, Room 226

Requests for advice on matters pertaining to Employee Health and Wellness should be forwarded to the following head office personnel:

Ms Hilda Serepo, Assistant Director EHW, Room 226
117-123 Francis Baard Street, 012 312 5349
Serepo.h@dhet.gov.za

Kindly bring the contents of this circular to the attention of ALL staff and stakeholders.

Yours Sincerely

**Ms LC Mbobo**
**Deputy Director-General: Corporate Services**
**Date:** 04/09/2015

higher education
& training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

Private Bag X174, PRETORIA, 0001, 123 Francis Baard Street, PRETORIA, 0002, South Africa
Tel: (012) 312 5911, Fax: (012) 321 6770
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**FUNCTION SHIFT HUMAN RESOURCE MANAGEMENT CIRCULAR NO. 5 OF 2015**
**GENERAL UPDATE ON HUMAN RESOURCES (HR) MATTERS- POST MIGRATION**

**To: BRANCH HEAD FOR VOCATIONAL AND CONTINUING EDUCATION AND TRAINING (VCET) HEAD OFFICE**
**REGIONAL MANAGERS**
**UNIT DIRECTORS - COMMUNITY EDUCATION AND TRAINING (CET)**
**UNIT DIRECTORS - TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING (TVET)**
**PRINCIPALS OF TVET AND CET COLLEGES**
**DEPUTY PRINCIPALS CORPORATE SERVICES (TVET COLLEGES)**
**HUMAN RESOURCE MANAGERS OF TVET COLLEGES**
**ALL TVET AND CET STAFF**

**CC: CHAIRPERSONS OF TVET COLLEGE COUNCILS**
**ORGANISED LABOUR IN ELRC AND GPSSBC, AND OTHER PROFESSIONAL BODIES AND ASSOCIATIONS**

The objective of this circular is to give an update on Human Resources Administration matters that the Department of Higher Education and Training (DHET) is currently addressing, post the migration of staff from Technical and Vocational Education and Training (TVET) and Community Education and Training (CET) sectors.

The Department inherited a total of sixty-two (62) payrolls nationwide on 1 April 2015. Post-migration, several Human Resources (HR) matters that either existed prior to, or after migration were identified by the Department. Some of these can be addressed on an individual

basis but the bulk of the issues identified as requiring attention will require national focus and management. For the issues that require national focus, individual matters related to these will not be dealt with until the national processes are initiated. The list of aspects that require national attention, priority and focus include some of the following:

- Relavant Evaluation Qualification Values (REQVs) – qualifications and impact on salaries.
- Salary scale anomalies – tops ups and other general issues.
- Cost of Living increases to be reconciled and corrected.
- Correcting appointment dates and job titles of staff on the Persal system, example for long service awards purposes start dates need to be corrected.
- Terminations with respect to pensions pay outs – to finalise the related administration processes.
- Top ups- finalisation of absorption of legitimate top-ups into Persal salary.
- Performance ratings and bonuses for 2014 / 2015.
- Backlog payments on pay progression to be finalised where required.
- Conditions of Service for CET sector – including potentially addressing the way extra-ordinary / periodical monthly claims were and currently are being processed in some regions.
- Converting 37% cash in lieu of benefits to benefits on persal for all existing permanent staff and staff employed for more than 6 months effective 1 April 2016.
- Roll out of Persal into Colleges with limited access at this stage being processing of leave, terminations and viewing access to payslip and general data related to establishments on Persal. All approvals will be processed at Head office.

In addition, blockages in Persal due to previous dismissals and where staff were previously discharged from service are currently being addressed nationally by the Department.

The above list is not exhaustive but points to areas that have been identified thus far. The Department would also like to emphasise that the nature and magnitude of the above matters requires historical understanding, consultation with stakeholders in some instances and strategic input of the Department's decision and policy makers. The Department is currently in the process of increasing capacity to deal with these issues, however, the resolution and timing thereof might vary depending on the complexity of each matter.

The Department has also been inundated with queries from individual staff in both TVET and CET sectors, requiring the Department to resolve matters that personally affected or that continue to affect them post migration.

While the Department remains a public institution that can be accessed without restrictions, the following communication protocols need to be observed where Staff/Unions require resolution of HR related matters. The escalation system will be used for all other matters **NOT** listed above.

In the first instance an individual matter shall be referred to Level 1(Local management-Centres/Colleges), and if not resolved, escalated to Level 2 (Regional Management). Should Regional Management be unable to assist, they should contact the national office (DHET) for assistance by the appropriate Directorate.

**DHET HR ESCALATION PROCESS:**

| | **LEVEL 1** | **LEVEL 2** | **LEVEL 3** |
|---|---|---|---|
| | **CENTRE/ COLLEGE LEVEL** | **REGIONAL OFFICE LEVEL** | **DHET LEVEL** |
| Individual Staff/Union(s) | **TVET:**<br>Refer to College HR Team and/or Deputy Principal:Corporate Services<br><br>**CET:**<br>Refer to Centre Manager and CET College Principal | **TVET:**<br>Refer to TVET College Principal and/or the respective TVET Unit Director and /or Regional Manager<br><br>**CET :**<br>Refer to CET Unit Director and/or the respective Regional Manager | Appropriate Directorate and/or the Function Shift Project Management Office using email address: functionshift@dhet.gov.za |

The Department will endeavour to provide as much information and guidance where possible. It must however be noted that TVET Colleges and the newly established CET Colleges have been delegated to deal with certain HR related matters and therefore will in some cases reserve the right to decide on such mattes.

For any queries related to the above content please contact Ms Nadia Williams via email: Williams.N@dhet.gov.za or telephone number (012) 312 5882. Also, attached are the contact details for Regional offices, both for TVET and CET management.

Your continued support and co-operation will make our Department a better one.

Kind regards

Ms LC Mbobo
Deputy Director – General: Corporate Services

Date: 4/8/2015

higher education
& training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

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# FUNCTION SHIFT HUMAN RESOURCES CIRCULAR NO. 7 OF 2015

## COMMUNITY EDUCATION AND TRAINING (CET) COLLEGES UPDATE

**To:** **CET College Principals**
**CET College Staff**
**CET Unit Directors**
**Regional Managers**

The objective of this circular is to provide an update to all Community Education and Training (CET) staff, on the current position regarding the migration of CET staff nationally, and plans afoot by the Department of Higher Education and Training (DHET) related to CET Colleges (CETCs).

To date the Department of Higher Education and Training (DHET) can confirm that 6809 CET staff have been transferred nationally from nine Provisional Education Departments (PEDs) to the DHET. Due to the nature of transfer, that is being electronically and/or manually captured on to the DHET Persal Systems, various issues have arisen that may have impacted on individual lecturers and support staff across the sector. These matters can be outlined as follows:

1. ***Transfers from some PEDs were not processed on time to ensure payment of salary on expected payment dates.*** Individual cases were raised and addressed immediately by the Department. If some queries are still outstanding, staff are requested to inform their respective centre managers / college principals, and regional managers who will liaise with the DHET to address.

2. ***Access to payslips being late or not delivered.*** It is expected that the Finance department will resolve this matter in due course. In the meantime payslips are distributed to all Regional Managers / CET College Principals who will ensure that they get to you as soon as reasonably possible.

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3. ***Omission of 37% cash in lieu of benefits for some contract staff in some provinces.*** This was attended to in May and June 2015 and is now in line with contractual obligations of the staff affected. Affected staff should note the back-pay related to this payment may appear as though employees received an increased salary in one month and a reduction in the next. This is not the case, but rather that the back-pay related to the 37% in lieu of benefits was reflected in one month (April to June 2015), with the pay reverting to standard status in the next month (June to July 2015). Should the matter of 37% cash in lieu of benefits still need to be resolved for staff, please ensure that you inform you CET College managers who will in turn address the matter with the Regional Managers and DHET Head Office to rectify.

4. ***In some provinces there were discrepancies identified in salaries, which related specifically to decisions made by PEDs prior to the staff transfer and after the determination of funds to be transferred to the DHET.*** Please note that these have financial implications and as such need to be costed by the DHET and discussed with the PEDs to ensure that funds associated with any changes in salaries have been legitimised. Until such time that this process is undertaken, the status quo will remain the same and staff will receive communication on the way forward, once this matter is addressed through proper resolution processes.

5. ***Salary queries related to Relevant Evaluation Qualification Values (REQVs).*** Please note that this is a national matter and not specific to CET Staff. As such the DHET is in the process of initiating a project to review the REQV status of staff nationally. The process will entail setting up regional structures, verification of qualifications and evaluation thereof. Staff will be informed on the process via the CET College and Regional Managers in due course. Until then, affected staff should ensure they have all the required documentation at hand to address the issue.

6. ***Transfer letters confirming the migration to DHET.*** These letters are currently being prepared and have been delayed due to the need for DHET to confirm the exact names

and location of transferred CET staff, which was dependent on the transfers from PEDs. Now that all staff are on the DHET Persal system, letters can be issued confirming the transfers.

We appreciate that for some staff the migration process has not been an easy one and wish to reassure all staff that your matters are taken seriously and that contractual matters related to salary payments are given urgent priority and attention. In the meantime we ask for your patience in addressing the national issues that affect all DHET staff in CET and TVET colleges, which the Department will be addressing on a project basis, for example REQVs.

CET Road-shows to further inform staff of matters related to CET Colleges going forward, are being planned per province between August and September 2015. Communication related to this will be circulated shortly. Please liaise with your respective CET College Principals or Regional Managers should you need more information on the above. Details of the CET College Principals and Regional Managers are enclosed for ease of reference. Staff are requested to address any issues or concerns with these officials who will in turn liaise with DHET Head office as required.

Kind regards

Ms LC Mbobo
Deputy Director – General: Corporate Services
Date: 4/8/2015

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## DHET REGIONAL MANAGERS

| Provincial Clusters | Acting Regional Managers | E-mail Address | Cell-phone/Tel: Number | Physical Address |
|---|---|---|---|---|
| 1. **Eastern Cape** | Ms. N Teka | Nombini.teka@edu.ecprov.gov.za | 083 252 2979 / 040 608 4200 | Steve Vukile Tshwete Street<br>Eastern Cape, Provincial Education Complex, Zone 6,<br>Zwelitsha |
| 2. **Kwa-Zulu Natal** | Mr. F Ingram | Frank.ingram@kzndoe.gov.za | 084 752 0606 / 033 846 5000 | 19 Wigford Road<br>Mansons Mill<br>Pietermaritzburg |
| 3. **Limpopo** | Ms. SR Mantshiu | Mantshiusr@edu.limpopo.gov.za | 082 881 2237 / 015 290 7611 | Corner 113 Biccard & 24<br>Excelsior Street<br>Limpopo Provincial Education Building |
| 4. **Gauteng and Free State** | Mr. M Mokaba | Mokaba.mokgatle@gauteng.gov.za | 083 310 2081 / 011 355 0000 | 111 Commissioner Street<br>Johannesburg Gauteng<br>Provincial Education Building |
| 5. **Mpumalanga and North West** | Dr. E Pedro | Pedro.e@dhet.gov.za | 082 808 7351 / 018 388 2563 | Dr Albert Luthuli Drive<br>Mafikeng North West<br>Provincial Department of Education<br>Mafikeng |
| 6. **Western Cape and Northern Cape** | Mr. Z Siyengo | Zozo.siyengo@westerncape.gov.za | 082 577 6550 / 021 467 2000 / 9278 | Golden Acre<br>Floor No 18<br>9 Adderley Street<br>Cape Town |

# CET Principals

| Province | CET Principal | Contact details<br>e-mail address | Contact details<br>Tel. number | Fax Numbers |
|---|---|---|---|---|
| 1. Eastern Cape | M Mdunyelwa | mbuleli.mdunyelwa@edu.ecprov.gov.za | 073 661 2293<br>040 608 4280 | 040 684 3000 |
| 2. Northen Cape | K Majele | kchilwe.majele@gmail.com | 082 2969164 / 0847711067<br>053 - 8720306 a/h | 053 839 6580/1 |
| 3. Western Cape | S Tonkin | spencer.tonkin@westerncape.gov.za | 021 467 2279 o/h<br>021 863 3509 a/h<br>083 443 1462 | n/a |
| 4. Free State | MA Matlawa | maphutham@edu.fs.gov.za | 072 644 7500<br>079 976 5469<br>051 404 8800/12 | 051 430 086 |
| 5. KwaZulu- Natal | RS Phakathi | regina.phakathi@kzndoe.gov.za | 031 462 9991 (Home)<br>033 846 5182 (Work)<br>082 871 9989 (Cell) | 033 846 5225 |
| 6. Limpopo | NS Mudzanani | mudzananins@edu.limpopo.gov.za | 084 769 7415<br>072 233 2235<br>015 291 2740 | 015 291 2012 |
| 7. Gauteng | C Wee | clifford.wee@gauteng.gov.za | 083 396 3089<br>011 355 0749 | 086 5647032 |
| 8. Mpumalanga | M Mokone | k.mokone@education.mpu.gov.za/<br>mmotse.mokone@yahoo.com | 013 947 – 1565<br>072 865 7752 | 013 947 3733 |
| 9. North West | Z Gwanya | gwanya.z@dhet.gov.za | 018-389 8129<br>082 883 5592<br>082 46 44 360 | 018 389 8264 |

# CET DIRECTORS

| Provincial Clusters | CET Director | E-mail Address | Cell-phone/Tel: Number | Physical Address |
|---|---|---|---|---|
| 1. **Eastern Cape** | Ms. N Teka | Nombini.teka@edu.ecprov.gov.za | 083 252 2979<br>040 608 4200 | Steve Vukile Tshwete Street<br>Eastern Cape Provincial Education Complex, Zone 6,<br>Zwelitsha |
| 2. **Free State** | Ms L. Mabote | fetabet@edu.ff.gov.za<br>lisebomabote59@gmail.com | 083 7333 618<br>082 7752 502<br>051 404 8800 | 73 Cnr Aliwal and Kelner<br>Omi Building<br>2ND Floor, Room229<br>Bloemfontein |
| 3. **Gauteng** | Mr T Nkosi | thulani.nkosi@gauteng.gov.za | 011 355 0784<br>072 209 6645<br>086 628 0670 | 111 Commisioner Street<br>Johannesburg<br>Provincial Education |
| 4. **KwaZulu Natal** | Mr S Mncube | sipho.mncube@kzndoe.gov.za<br>siphor.mncube@gmail.com | 033 343 4826<br>033 846 5547<br>084 583 4340<br>082 456 4842 | 228 Pietermaritz Street<br>NED Building<br>3rd Floor, Room 319<br>Pietermaritzburg |
| 5. **Limpopo** | Ms SR Mantshiu | Mantshiusr@edu.limpopo.gov.za | 082 881 2237<br>015 290 7611 | Corner 113 Biccard & 24 Excelsior Street<br>Limpopo Provincial Education Building |

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| Provincial Clusters | CET Director | E-mail Address | Cell-phone/Tel: Number | Physical Address |
|---|---|---|---|---|
| 6. **Mpumalanga** | Mr N Molemane | n.molemane@education.mpu.gov.za | 013 766 5917<br>072 287 8796 | Corner Cascade Rd and Emnothweni Drive<br>River Park Building<br>Behind Volvo Garage<br>Block B<br>Ground Floor |
| 7. **Northern Cape** | Mr R Phillips | Phillips.sgr@gmail.com | 071 604 2999<br>053 839 6347 | 156 Barkley Rd<br>Homestead<br>Ikwali Building<br>Department Of Basic Education<br>Kimberley |
| 8. **North West** | Ms J Mekgoe | rev.mekgoe@gmail.com | 082 777 1658<br>018 388 2563 | Dr Albert Luthuli Drive<br>Mafikeng North West<br>North West DHET Provincial Office, Mafikeng |
| 9. **Western Cape** | Mr A Damon | Andre.Damon@westerncape.gov.za | 021 592 5857<br>083 653 0922<br>086 672 1768-Fax | Golden Acre<br>Floor No 18<br>9 Adderley Street<br>Cape Town |