

Annexure F: Templates

Submission Template:

<p>SUBJECT</p> <p>1. <u>PURPOSE</u></p> <p>2. <u>BACKGROUND</u></p> <p>3. <u>MOTIVATION</u></p> <p>4. <u>FINANCIAL IMPLICATIONS</u></p> <p>5. <u>RECOMMENDATIONS</u></p> <p>Drafter</p> <p>-----</p> <p>Name Title: Director Date</p> <p>Supported / Not Supported</p> <p>-----</p> <p>Name Title: Chief Director Date</p> <p>Supported / Not Supported</p> <p>-----</p> <p>1</p>	<p>Name Title: Deputy Director General Date</p> <p>Budget Confirmed by</p> <p>-----</p> <p>Name Title: Director Budget Date</p> <p>Recommended/ Not Recommended</p> <p>Name Title: Chief Financial Officer Date</p> <table><tr><td><p>Approval 5 approved</p><p>DIRECTOR - GENERAL DATE:</p><p>Comments/amendments ----- ----- ----- ----- ----- -----</p></td><td><p>Approval 5 not approved</p><p>DIRECTOR - GENERAL DATE:</p><p>Comments/amendments ----- ----- ----- ----- ----- -----</p></td></tr></table> <p>2</p>	<p>Approval 5 approved</p> <p>DIRECTOR - GENERAL DATE:</p> <p>Comments/amendments ----- ----- ----- ----- ----- -----</p>	<p>Approval 5 not approved</p> <p>DIRECTOR - GENERAL DATE:</p> <p>Comments/amendments ----- ----- ----- ----- ----- -----</p>
<p>Approval 5 approved</p> <p>DIRECTOR - GENERAL DATE:</p> <p>Comments/amendments ----- ----- ----- ----- ----- -----</p>	<p>Approval 5 not approved</p> <p>DIRECTOR - GENERAL DATE:</p> <p>Comments/amendments ----- ----- ----- ----- ----- -----</p>		


Leave Template:

G.P.S. 06/04		DMRE-HR: 154048	
APPLICATION FOR LEAVE OF ABSENCE			
Z 1(a)			
Surname		Initials	
PERSONAL Number		Shift Worker	
Address during the Leave Period:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Casual Employee	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		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 6-month 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)			
Paternity 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
Surrogacy Leave: Consulting Parent (Provide supporting evidence)			No. of Calendar Months
Surrogacy Leave: Surrogate mother (Provide supporting evidence)			No. of Weeks
SECTION B: For periods covering parts of a day or fractions			
Type of Leave Taken as Working Days	Date	Start Time	End Time
Annual Leave			
Normal Sick Leave			
Family Responsibility Leave (Provide Evidence)			
Pre-natal Leave (Provide Evidence)			
Paternity 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			
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'S SIGNATURE		DATE	
Recommendation By Supervisor/Manager (Mark with X)			
Note: Completion is not required if the supervisor/manager is also the delegated authority responsible to approve the application.			
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 EXECUTIVE AUTHORITY, HOD OR DESIGNEE		DATE	
Data Capturing			
CAPTURED BY:	CAPTURED ON:	Signature	
CHECKED BY:	CHECKED ON:	Signature	

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 employed in the Public Service.

Memo Template:



mineral &
petroleum resources

Department:
Mineral and Petroleum Resources
REPUBLIC OF SOUTH AFRICA

DMPR 15

Tel: , Fax:

INTERNAL MEMO

Date		File no:	
To:		From:	
SUBJECT			