



**TO: DEPUTY DIRECTORS-GENERAL
CHIEF DIRECTORS
DIRECTORS AT HEAD OFFICE
DISTRICT DIRECTORS
HEADS OF SECTION/COMPONENTS OF DISTRICT OFFICES
CES: CIRCUIT MANAGEMENT AND CIRCUIT MANAGERS
PRINCIPALS OF SCHOOLS**

HRM CIRCULAR No. 26 OF 2020

PROCEDURE FOR THE APPOINTMENT OF SUBSTITUTE EDUCATORS DURING COVID-19

1. ELRC Collective Agreement 1 of 2020 provides for educators who have commodities which makes them vulnerable to being at higher risk of complications if infected with COVID 19 to be granted a concession from having to return to work during Alert Levels 3 and 2.
2. The vacancies created as a result of the concession may not automatically require the appointment of a substitute educator. The school management team must, in the first instance, find other suitable educators from within the school who will be able to teach the Subject/Phase in respect of the grades which are permitted to resume schooling. In this regard, it must be noted that the phasing in of learners is done with the expectation of there being a full complement of staff except for those granted the concession.
3. The timetable must be reconfigured to ensure that the curriculum needs are accommodated utilising all available resources within the school.
4. Only in instances where all efforts to fill the vacancy internally have failed, must the school request for the appointment of a substitute educator. The attached Form must be used for this purpose.
5. The same process must be followed for vacancies which may arise in respect of new applications from educators for sick or incapacity leave for periods of 30 days or more.
6. In supporting and/recommending the filling of the vacancy by a substitute educator, all line functionaries from the level of Circuit Manager must verify the vacancy and confirm that such vacancy cannot be filled by educators from within the school.
7. The content of this Circular must be brought to the attention of all employees of the Department.


DR E. V. NZAMA
HEAD OF DEPARTMENT: EDUCATION

DATE: 09/06/2020

KWAZULU-NATAL DEPARTMENT OF EDUCATION

REQUEST FOR THE APPOINTMENT OF A SUBSTITUTE EDUCATOR - ALERT LEVELS 3&2

PART A : TO BE COMPLETED BY THE PRINCIPAL

1. Details of Educational Institution

District :

Circuit : School :

2. Details in respect of Post Provisioning Norm (PPN) : **Attach current PPN Certificate**

3. Details in respect of Existing Staff Establishment :

No. of Existing Educators :

No. of additional Educators : PL: HOD: Deputy Princ:

4. Reason/s for the request to appoint the substitute/temporary educator

(a) Substitute Educator

* Mr/Ms Persal No. is presently an educator at this school and he/she is absent as a result of *concession, sick leave/temporary incapacity leave/maternity leave/ unpaid leave for the period to A copy of leave form/concession form is enclosed.

(b) Temporary Educator

* Mr/Ms Persal No. is an educator at this school and whose post has/will become vacant due to *resignation/death /retirement/medically boarding / promotion/ misconduct/secondment with effect from (date) A copy of the supporting documentation is enclosed.

*** (Delete whichever is not applicable)**

Concession form refers to the Form "Individual Risk Assessment for Vulnerable Employees"

5. Details of post/position to be filled

Learning Area/ Phase : Grade/s required to teach:

I hereby certify that the abovementioned information is true and correct in terms of the approved PPN of the school for the academic year 20__ and that all efforts to fill the vacancy internally was unsuccessful for the reasons cited hereunder:

.....
.....

PRINCIPAL SURNAME & INITIALS

SIGNATURE

DATE

PART B: TO BE COMPLETED BY THE CIRCUIT MANAGER

I hereby verify that the information in **Part A** relating to _____ (name of school) is true and correct in terms of the approved PPN of the school for the academic year 20__ and the post/position cannot be filled internally.

CIRCUIT MANAGER(Surname and initials)

SIGNATURE

DATE

PART C : TO BE COMPLETED BY THE HEAD OF THE HR COMPONENT IN THE DISTRICT (Tick the appropriate block)

DIVISION: SERVICE CONDITIONS

I certify that:

The concession application form is recorded on the database

The leave in respect of the educator on leave has been processed (#4.5.11)

The temporary incapacity leave has been processed by conditionally granting 30 days leave (#4.5.11)

The service termination has been processed ((indicating vacant post #3.3.4 & termination on #6.9.10)

DIVISION: HR PROVISIONING

I certify that:

The promotion has been processed (indicating vacant post on #3.3.4)

This request is in accordance with the measures for the appointment of temporary/substitute educators and that the staff establishment of the school has been correctly reflected under paragraph 2 of Part A

I confirm that the reason for the vacancy as indicated in this request is correct (Relevant PERSAL Printout attached), the appointment is justified and it is proposed that the following candidates be referred to the school for selection and nomination for a substitute.

NAME	QUALIFICATION	CONTACT No.

DEP DIRECTOR:HRSS (Surname and initials)

SIGNATURE

DATE

PART D : RECOMMENDATION BY DISTRICT DIRECTOR

The appointment of a substitute/temporary educator in the post/position is recommended and the identified candidates must be referred to the _____ (name of school) for selection and nomination which is subject to approval by the Head of Department.

SURNAME & INITIALS

SIGNATURE

DATE

KWAZULU-NATAL DEPARTMENT OF EDUCATION

NOMINATION FOR APPOINTMENT OF A TEMPORARY / SUBSTITUTE EDUCATOR

PART A: TO BE COMPLETED BY THE PRINCIPAL

1. I confirm that, as recommended by the District Director (enclosed herewith), the following candidates were subject to the selection process:

NAME	QUALIFICATION	CONTACT No.

2. Following the selection process and ratification by the SGB, the candidate, whose details are reflected hereunder, is being nominated for appointment:

NAME : _____ PERSAL No. : _____

ID No. : _____ REQV : _____

3. The application for employment in respect of the nominated candidate, together with the following documents, are enclosed.

- Certified copy of Identity Document
- Certified copy/copies of Educational Certificates
- Certified copy/copies of other relevant documents eg. Marriage Certificate.
- Proof of Registration with SACE

I acknowledge that the nominated candidate cannot assume duties until the employment is formally approved by the Head of Department.

SURNAME & INITIALS

SIGNATURE

DATE

PART B: TO BE COMPLETED BY THE CIRCUIT MANAGER

I hereby certify that the nomination is in accordance with the recommendation of the District Director and is supported/not supported.

SURNAME & INITIALS

SIGNATURE

DATE

PART C: TO BE COMPLETED BY THE HEAD OF THE HR COMPONENT IN THE DISTRICT OFFICE

I hereby certify that the nomination of _____ (name of incumbent) is in accordance with the recommendation of the District Director and is supported/not supported.

SURNAME & INITIALS

SIGNATURE

DATE

PART D: TO BE COMPLETED BY THE DISTRICT DIRECTOR

The appointment of the nominated candidate is recommended/not recommended

SURNAME & INITIALS

SIGNATURE

DATE