**KZN DEPARTMENT OF EDUCATION**

**PRELIMINARY INFORMATION ON PROTEST ACTION/ STRIKE BY STAFF MEMBERS**

**DATE OF STRIKE/ PROTEST ACTION: 7 OCTOBER 2020**

1. **INSTITUTION (SCHOOL): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CIRCUIT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DISTRICT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ; OR**
2. **OFFICE COMPONENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DISTRICT/ DIRECTORATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Notes: (a) Reproduce this page as needed. Enumerate pages below.*

*(b) On a separate page indicate the name and PERSAL numbers of employees on (1) sick leave or (2) annual leave (duly indicated) on the day and (3) absent for any reason other than being engaging in the labour action, annual leave or sick leave – specify reason)].*

*(c) If you are unable to furnish the required information, please provide a written explanation.*

*(d) Add a synopsis on the functionality of the institution/ office on the day (impact assessment)*

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| **NO.** | **NAME OF EMPLOYEE ON STRIKE/ PROTEST ACTION** | **PERSAL NO.** | **DURATION OF ABSENCE DURING OFFICIAL HOURS: (PART OF DAY) (INDICATE HOURS) OR FULL DAY** | **INSTITUTION/ OFFICE CLOSED DUE TO THE ACTION (Y/N)** | **COMMENTS** |
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The information provided is certified correct to the best of my knowledge.

**SIGNATURE OF HEAD OF INSTITUTION/ OFFICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT NO:\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_**