



REPUBLIC OF SOUTH AFRICA

**APPLICATION TO PERFORM OTHER REMUNERATIVE WORK
IN TERMS OF SECTION 30 OF THE PUBLIC SERVICE ACT**

In accordance with the provisions of section 30 of the Public Service Act, 1994 (Proclamation No. 103 of 1994) ["the Act"] as amended, this form must be completed by any permanent or temporary employee of any Provincial Department, National Department or Government Component as contemplated in section 8 of the Act, who wishes to perform other remunerative work.

This application form consists of the following sections:

SECTION A: PERSONAL DETAILS OF APPLICANT
(TO BE COMPLETED BY THE APPLICANT)

SECTION B: WORKING HOURS
(TO BE COMPLETED BY THE APPLICANT)

SECTION C: APPLICATION FOR OTHER REMUNERATIVE WORK
(TO BE COMPLETED BY THE APPLICANT)

SECTION D: DECLARATION
(TO BE COMPLETED BY THE APPLICANT)

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SECTION E: RECOMMENDATIONS
(TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR)

SECTION F: RECOMMENDATIONS
(TO BE COMPLETED BY THE ETHICS OFFICER)

SECTION G: APPROVAL
(TO BE COMPLETED BY THE EXECUTIVE AUTHORITY OR DELEGATED AUTHORITY)

CERTIFICATE: APPROVAL OF OTHER REMUNERATIVE WORK

SECTION A: PERSONAL DETAILS OF APPLICANT
(TO BE COMPLETED BY THE APPLICANT)

1. Surname

2. First names

3. Personnel number

4. Identity number

5. Contact details

5.1. Office phone number

5.2. Cell-phone number

5.3. E-mail address

5.4. Postal address

Postal code

5.5. Department name

5.6. Branch/Cluster

5.7. Directorate/Unit

5.8. Job title

5.9. Professional body(ies) registered with (if applicable)

5.9.1. Name of professional body 1

5.9.2. Registration number at professional body 1

5.9.3. Name of professional body 2

5.9.4. Registration number at professional body 2

5.9.5. Name of professional body 3

5.9.6. Registration number at professional body 3

5.10. Job functions (Key performance areas, as contained in the job description of the applicant)

SECTION B: WORKING HOURS
(TO BE COMPLETED BY THE APPLICANT)

1. Current working hours of the applicant (per week)
2. Call/standby duties hours (per week)
3. Current overtime hours worked (per month)

SECTION C: APPLICATION FOR OTHER REMUNERATIVE WORK
(TO BE COMPLETED BY THE APPLICANT)

1. Please select the category of other remunerative work applying for.

**tick only
one option**

Category of Work

Architecture Planning and Surveying
Building Construction
Consultancy Work
Design (Textiles; Graphics)
Engineering and Mechanical Repairs
Farming and Breeding
Fashion Design/Sewing
Financial Markets
Fitness Industry (including Gym, Yoga, Pilates, and Karate instructor)
Health Professionals
Sub Categories of Health Professionals:
Medical Doctors
Nursing and Midwifery Professionals
Traditional and Complementary Professionals
Paramedical Practitioners
Sport Scientists (Physiotherapist, etc.)
Veterinarians
Other Health Professionals (Psychologists, etc.)
Hospitality Industry (Including Catering, Baking)
Import and Export Business
Information and Communication (including Call Centre/Contact Centers)
Logistics and Transport (including Shuttle Services, Travel Agency)
Manufacturing Mining Construction
Retail and Wholesale Trade
Sales and Marketing (including Advertising, Public Relations and Promotion, as well as direct marketing of Cosmetics, Jewellery, Health Products))
Security Industry
Sports Recreation and Cultural (including Dancer, Musician, Singer)
Training Research and Development (including Lecturing and Tutor)
Tavern Owner and Restaurants
Pastoral Services (Religious Leader, Reverend, Priest, etc.)
Funeral Parlor

2. Describe in detail the nature of the work that will be performed

3. Dates for performing the remunerative work

3.1. Planned start date of other remunerative work (Note that permission is only granted for a maximum period of 12 calendar months) (yyyy mm dd)

3.2. Planned end date of the remunerative work (yyyy mm dd)

3.3. Specify the days of the week and specific hours that work will be performed

Day	Working hours (e.g. 05:00 to 06:00, etc.)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

4. Total number of hours planned for performing the remunerative work (per month)

5. Specify where the remunerative work will be performed (e.g. Home, Office, School, Door-to-door, etc.)

6. If the remunerative work will be undertaken with/in an established business or organisation, please provide details

6.1. Name of business/organisation

7. Details of person you will be reporting to

7.1. Surname

7.2. Initials

7.3. Contact number of business/organisation

7.4. Contact number of person you will be reporting to

SECTION D: DECLARATION

(TO BE COMPLETED BY THE APPLICANT)

I

(full name)

hereby confirm that the information supplied in this application form is correct and undertake to assist my department in meeting its service delivery demands, including overtime commitments (if applicable), which includes being on call/standby (when applicable) as scheduled. I acknowledge that my first commitment is to meet the operational objectives of my department.

I confirm that my performance of other remunerative work will in no way interfere with my commitments to my department.

I confirm that my performance of other remunerative work will not take place during the hours I am required for duties as agreed in my employment contract.

I confirm that I will not use any state resources for the purpose of performing other remunerative work.

I accept that I shall not conduct business with any organ of the state, either in person or as part of an entity (including non-profit organisations).

I accept that permission to perform other remunerative work is only granted for the time agreed upon (and reflected on the certificate of approval), and that it only applies to the services/types of remunerative work as indicated in this application form.

I accept that, should I wish to continue with such remunerative work, I must submit a new application at least 30 days before expiry.

I accept that non-compliance with any of the conditions, monitoring or control measures pertaining to other remunerative work may lead to disciplinary action and that the sanction imposed includes forfeiture of remuneration and/or benefits gained.

I accept that the normal policies and measures governing discipline also apply in terms of non-compliance with the other remunerative work policy and measures.

I agree to abide by any control measures applicable to the other remunerative work system, including that it may be required of me to sign in and out each time I enter or exit the institution where I perform my basic or overtime duties.

I agree to attach the certificate of approval when disclosing my financial interests, if applicable.

I acknowledge that the Executive Authority or delegated authority can, at any time, terminate my authorisation to perform other remunerative work, based on a change in operational requirements and/or poor performance on my part.

Signature of Applicant

Designation

Date: (yyyy mm dd)

After completing the form and signing the above (sections A-D), please present it to the Ethics Officer for further administrative processing and submission to the Executive Authority/Delegated Official.

SECTION E: RECOMMENDATIONS

(TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR)

1. Recommendation by Supervisor

1.1. The application is

Supported

Not supported

1.2. Motivation for recommendation / reasons for not supporting

Signature of Supervisor

Designation

Date

SECTION F: RECOMMENDATIONS
(TO BE COMPLETED BY THE ETHICS OFFICER)

1. Recommendation by the Ethics officer

1.1. The application is

Supported

Not supported

1.2. Motivation for recommendation

1.3. If not supported please state reason(s):

Reason(s)

Tick

Conflict of interest	
Organisational requirements (work load)	
Impacting negatively on the employee's performance	
Contravening provisions in the Code of Conduct	
Involving the use of State resources to perform other remunerative work (including telephone, fax, email, etc.)	
Prevents the employee from placing their time at the disposal of the State	

Signature of Ethics Officer

Designation

Date

SECTION G: APPROVAL

(TO BE COMPLETED BY THE EXECUTIVE AUTHORITY OR DELEGATED AUTHORITY)

1. The approval by the Executive Authority or Delegated Authority

1.2. The application is

Approved

Not approved

1.3. Comments

Signature of Executive Authority / Delegated Official

Designation

Date

