



The Government of the Republic of South Africa

**APPLICATION FOR EMPLOYEE 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 11 of the Act, who wishes to perform other remunerative work.

**SECTIONS TO BE COMPLETED BY THE EMPLOYEE SEEKING APPROVAL TO UNDERTAKE
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 Cellphone number

5.3 E-mail address

5.4 Postal address

5.5 Department name

5.6 Branch/Cluster

5.7 Director/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

A 10x10 grid of empty squares, intended for drawing or plotting points.

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

State Registration Number of professional body's

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)**

<input type="text"/>	<input type="text"/>
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2. Call/standby duties hours (per week)

<input type="text"/>	<input type="text"/>
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3. Current overtime hours worked (per month)

<input type="text"/>	<input type="text"/>
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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 (please tick appropriate box)	
Administrative and Support Service Activities (including Secretarial Services)	<input type="checkbox"/>
Architecture, Planning and Surveying	<input type="checkbox"/>
Building Construction	<input type="checkbox"/>
Consultancy Work	<input type="checkbox"/>
Design (Textiles, Graphics)	<input type="checkbox"/>
Engineering and Mechanical Repairs	<input type="checkbox"/>
Farming and Breeding	<input type="checkbox"/>
Fashion Design/Sewing	<input type="checkbox"/>
Financial Industry (including Money Lending, Insurance, Accounting Services, Broker)	<input type="checkbox"/>
Fitness Industry (including Gym, Yoga, Pilates and Karate Instructor)	<input type="checkbox"/>
Health Professionals	<input type="checkbox"/>
Sub Categories of Health Professionals:	
Medical Doctors	<input type="checkbox"/>
Nursing and Midwifery Professionals	<input type="checkbox"/>
Traditional and Complementary Professionals	<input type="checkbox"/>
Paramedical Practitioners	<input type="checkbox"/>
Sport Scientists (Physiotherapist, etc.)	<input type="checkbox"/>
Veterinarians	<input type="checkbox"/>
Other Health Professionals (Psychologists, etc.)	<input type="checkbox"/>
Hospitality Industry (including Catering, Baking, Tavern Owner and Restaurants)	<input type="checkbox"/>
Import and Export Business	<input type="checkbox"/>

Information and Communication (including Call Centre/Contact Centers, programming)	
Logistics, Transport and Storage (including Shuttle Services, Travel Agency)	
Manufacturing Mining Construction	
Real Estate (including Renting of Properties, Selling and Listing of Properties)	
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)	
Pastoral Services (Religious Leader, Reverent, Priest, etc.)	
Funeral Services	

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

3. Dates for performing other 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)

y	y	y	y	m	m	d	d
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3.2 Planned end date of other remunerative work

y	y	y	y	m	m	d	d
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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 and 18:00 to 21:00)
Monday	
Tuesday	

Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

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

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5. Total number of months in which other remunerative work will be performed

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

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

7.1 Name of business/organisation

8. Details of person you will be reporting to

8.1 Surname

8.2 Initials

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8.3 Contact number of business/organisation

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8.4 Contact number of person you will be reporting to

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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 (if 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 renew my application (where approval is sought for a 12-month period and the intention is to continue with the other remunerative work) before it expires, by submitting a new application form 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 by such non-compliance.

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 can, at any time, terminate my authorisation to perform other remunerative work, based on a change in operational requirements and/or a lack of performance on my part.

Signature of Applicant: _____

Designation: _____

Date:

y	y	y	y	m	m	d	d
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After completing the form and signing the above (sections A-D), please present it to the supervisor for comments (see section E below). Thereafter submit 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 Application is Supported/Not supported

1.2 Motivation for recommendation / reasons for not supporting

Signature of Supervisor: _____

Designation: _____

Date:

y	y	y	y	m	m	d	d
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SECTION F: RECOMMENDATIONS – (TO BE COMPLETED BY THE ETHICS OFFICER)

1. Application is supported/not supported

2. Motivation for recommendation

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:

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

1. Application is Approved/Not approved

2. Comments

Signature of Executive Authority/Delegated Official: _____

Date:

y	y	y	y	m	m	d	d
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