



REPUBLIC OF SOUTH AFRICA

APPLICATION FOR PERMISSION TO PERFORM OTHER REMUNERATIVE WORK IN TERMS OF SECTION 30 OF THE PUBLIC SERVICE ACT, 1994

This form must be completed by any permanent or temporary employee of any National Department, Government Component, or Provincial Department, as contemplated in section 8 of the Public Service Act, who wishes to perform other remunerative work outside their employment in the department.

This application form consists of the following sections:

TO BE COMPLETED BY THE APPLICANT

SECTION A: PERSONAL DETAILS OF APPLICANT

SECTION B: WORKING HOURS

SECTION C: APPLICATION FOR OTHER REMUNERATIVE WORK

SECTION D: DECLARATION

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR

SECTION E: RECOMMENDATIONS

TO BE COMPLETED BY THE ETHICS OFFICER

SECTION F: RECOMMENDATIONS

TO BE COMPLETED BY THE EXECUTIVE AUTHORITY OR DELEGATED AUTHORITY

SECTION G: APPROVAL

CERTIFICATE: APPROVAL OF OTHER REMUNERATIVE WORK

LETTER TO CONFIRM DEEMED APPROVAL – TO BE SIGNED BY THE ETHICS OFFICER

SECTION B: WORKING HOURS

	Hours
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

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

Tick only one option

Category of work	Tick
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 Markets	<input type="checkbox"/>
Fitness Industry (including Gym, Yoga, Pilates, and Karate instructor)	<input type="checkbox"/>
Health Professionals	
Subcategories 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)	<input type="checkbox"/>
Import and Export Business	<input type="checkbox"/>
Information and Communication (including Call Centre/Contact Centers)	<input type="checkbox"/>
Logistics and Transport (including Shuttle Services, Travel Agency)	<input type="checkbox"/>
Manufacturing Mining Construction	<input type="checkbox"/>
Retail and Wholesale Trade	<input type="checkbox"/>

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	
Other (Please specify)	

2. Describe in detail the nature of the other remunerative work that will be performed, i.e. company activities and your role.

3. Dates for performing the other remunerative work

- 3.1 Planned start date of other remunerative work

(Note that permission is only granted for a maximum period of 12 months, aligned with the financial year)

- 3.2 Planned end date of the other remunerative work

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

Day of the week	Hours involved
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

3.4 Total number of hours planned for performing the other remunerative work (per month)

3.5 Specify where the other remunerative work will be performed (e.g. Home, company offices, door-to-door, etc.)

3.6 If the other remunerative work will be undertaken with/in an established business or organisation, please provide details:

3.6.1. Name of business/organisation

3.6.2 Details of person you will be reporting to

SECTION D: DECLARATION BY THE APPLICANT

I (full name(s) and surname),

--

hereby confirm that:

1. the information supplied in this application form is correct;	
2. my performance of other remunerative work will in no way interfere with my commitments to the department, my duties and responsibilities as an employee;	
3. my performance of other remunerative work will not take place during the hours I am required for duty as agreed in my employment contract;	
4. I will not use any state resources for the purpose of performing other remunerative work;	
5. I shall not conduct business with any organ of the state, either in person or as part of an entity (including non-profit organisations);	
6. I will only be involved in the other remunerative work I have applied for; and	
7. this application has been discussed with my supervisor.	

I understand and acknowledge that:

8. my first commitment is to meet the operational objectives of my department and undertake to assist, to the best of my ability, the department in meeting its service delivery demands, including overtime commitments (if applicable) and being on call/standby (when applicable) as scheduled.	
9. permission to perform other remunerative work is only granted for the work applied for and time agreed upon (and reflected on the certificate of approval);	
10. should I wish to continue with such other remunerative work, I must submit a new application at least 60 days before expiry of the approved one;	
11. 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 may include forfeiture of other remunerative work approval, remuneration	

and/or benefits gained;	
12. the normal policies and measures governing discipline also apply in terms of non-compliance with the other remunerative work policy and measures; and	
13. 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.	

I agree to:

14. 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; and	
15. attach the certificate of approval when disclosing my financial interests, if applicable.	

Signature of Applicant

Designation

Date

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

SECTION E: RECOMMENDATION BY IMMEDIATE SUPERVISOR

I (name and surname of the supervisor),

Persal number:..... **confirms that:**

1. I am the immediate supervisor of (name and surname of the applicant); and
2. the applicant discussed his/her application for other remunerative work with me.
3. Based on the analysis conducted using the Supervisor Analysis Tool for Other Remunerative Work Application, I recommend the following:

[] Recommendation

The proposed other remunerative work is not expected to interfere with the primary job responsibilities of the applicant or organizational goals. The time commitment falls within acceptable limits, and any potential performance challenges have been addressed satisfactorily.

[] Recommendation with Conditions:

The proposed other remunerative work is recommended with the following conditions:

The employee must demonstrate that they have made the necessary adjustments. Additionally, ongoing discussions with the supervisor regarding these adjustments should be maintained to ensure successful implementation.

[] Not recommended:

The proposed other remunerative work is likely to interfere with the primary job responsibilities of the employee or organizational goals.

[Ensure all incompatibilities are raised with the “Flag tool” in the supervisor tool sheet].

[Provide detailed reasons for the decision below]

Name and surname

Signature of Supervisor

Designation

Date

SECTION F: RECOMMENDATION BY THE ETHICS OFFICER

Based on the analysis conducted using the Ethics Officer Analysis Tool for Other Remunerative Work Application, I recommend the following:

[] ORW recommended:

The proposed ORW application meets all the ethics and integrity requirements, and there are no identified conflicts of interest or unethical conduct that may compromise the employee's official duties or the public interest.

[] ORW not recommended:

The proposed ORW application is **not recommended** due to identified conflicts of interest, unethical conduct, or failure to meet code of conduct requirements.

[Ensure all incompatibilities are raised with the "Flag tool" in the ethics officer tool sheet].

[Provide detailed reasons for the decision below]

Reason(s)

Tick

Conflict of interest

Conducting Business with the State

Unethical conduct

Contravening provisions in the Code of Conduct

(Check the EO tool)

Name and surname

Signature of Ethics Officer

Designation

Date

SECTION G: APPROVAL BY EXECUTIVE AUTHORITY OR DELEGATED AUTHORITY

1. The application is:

Approved Not approved

2. **Comments/reasons for not granting permission:**

Name and surname

Signature of EA/ Delegated Official

Designation

Date