

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

1. Current working hours of the applicant (per week)

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2. Call/standby duties hours (per week)

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3. Current overtime hours worked (per month)

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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)		
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)

y	y	y	y	m	m	d	d
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3.2. Planned end date of the remunerative work

y	y	y	y	m	m	d	d
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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 (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:

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 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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CERTIFICATE: APPROVAL OF OTHER REMUNERATIVE WORK

Permission is hereby granted to

(_____ employee _____)

(_____ persal no/ID No _____)

to perform other remunerative work outside (_____ the department _____).

The following work will be conducted:

(Short description, indicating the type of work, the name and type of business activity, name of employer and the amount of remuneration to be received)

Period: _____ to _____ (maximum 12 calendar months)

Please note:

Permission is only granted for the work indicated above. If it is to be discovered that you are not adhering to Government prescripts regulating other remunerative work, including not conducting business with an organ of state, your permission will be withdrawn and disciplinary steps will be instituted. If you wish to continue with other remunerative work after the expiry of the approved date, a further application must be submitted.

(Executive Authority/Delegated Authority)

Date: