



2nd Floor Lakeside Office Park, 263 West Street, Centurion, P.O. Box 11962, Centurion, 0046 Tel: (012) 683-1400, Fax: (012) 663-4345/9157

ANNEXURE D

Inquiry : M
Telephone : 0
File : 0

M _____

Dear M _____

APPLICATION FOR TEMPORARY INCAPACITY LEAVE

1. Further to your application dated _____ and my evenly numbered letter dated _____, I wish to inform you that the Head of Department has based upon all available information, approved your application for incapacity leave for the period _____. The period of incapacity leave conditionally granted for this period shall therefore be converted into incapacity leave.

OR

2. Further to your application dated _____ and my evenly numbered letter dated _____, I wish to inform you that the Head of Department has based upon all available information, approved your application for incapacity leave for the period _____, subject to the under-mentioned conditions. The period of incapacity leave conditionally granted for this period shall therefore be converted into incapacity leave:

up/medical reports, etc.

2.1. Add the conditions, e.g.
further medical check-

3. Cognisance must be taken that your failure to adhere to the conditions referred to above may result in the decline of your application for incapacity leave and any subsequent application related to the same condition.

OR

4. Further to your application dated _____ and my evenly numbered letter dated _____, I wish to inform you that the Head of Department has based upon all available information, approved your application for incapacity leave, but only for the period from _____ to _____, for the following reasons:

- 4.1. Provide reasons (*e.g. period given by treating doctor inappropriate for type of illness*)

5. You are therefore expected to return to work by not later than _____. If you fail to do so, you may expose yourselves to possible disciplinary action

6. The period of incapacity leave conditionally granted for the above-mentioned period shall therefore be converted into incapacity leave, while the remainder of the period conditionally granted will be cancelled. The latter period shall be covered by either annual leave (with your consent) and/or unpaid leave. Kindly express your consent within 5 working days i.e. by not later than _____, to cover the remainder of the period by annual leave. To this end you must keep in mind that should you not give the required consent or fail to give your consent within the given period or in the event where you annual leave credits are not sufficient, this Department will proceed to cover the period concerned with unpaid leave. Any overpayments made will be recovered from your monthly salary.

OR

- 6.1. Further to your application dated _____ and my evenly numbered letter dated _____, I wish to inform you that the Head of Department has based upon all available information, did not approve your application for incapacity leave for the period _____, for the following reasons:

- 6.1.1. Provide reasons

- 6.2. You are therefore expected to return to work by not later than _____. If you fail to do so, you may expose yourselves to possible disciplinary action.

- 6.3. The period of incapacity leave conditionally granted for the above-mentioned period shall therefore be cancelled. The said period shall, therefore, be covered by either annual leave (with your consent) and/or unpaid leave. Kindly express your consent within 5 working days i.e. by not later than _____, to cover the said period by annual leave. To this end you

must keep in mind that should you not give the required consent or fail to give your consent within the given period or in the event where your annual leave credits are not sufficient, this Department will proceed to cover the period concerned with unpaid leave. Any overpayments made will be recovered from your monthly salary.

- 6.4. If you are not satisfied with the above-mentioned decision, you may lodge a grievance in terms of the rules determined by the Public Service Commission.

Kind regards

DIRECTOR-GENERAL/HEAD OF DEPARTMENT