

ANNEXURE C

Inquiry : M
Telephone : 0
File : 0

M _____

Dear M _____

APPLICATION FOR TEMPORARY INCAPACITY LEAVE

1. Receipt of your application dated _____ is hereby acknowledged.
2. The Head of Department in terms of the authority vested in him/her in terms of the *Determination on Leave of Absence in the Public Service* **conditionally** approves temporary incapacity leave for the period from _____ to _____ with full pay, subject to the outcome of my investigation into the nature and extent your illness/injury described in your application referred to above.
3. Your above-mentioned application is forwarded in terms of the *Management Policy and Procedure on Incapacity Leave for Ill-health Retirement for Public Service Employees* to the Health Risk Manager for an assessment and recommendation. Cognisance must be taken that-
 - 3.1. your sick leave history, i.e. the usage of your normal sick leave, will be taken into account in arriving at a final decision; and
 - 3.2. you may be required as part of the above-mentioned process to subject yourselves for (a) further medical examination(s) by (a) practitioner(s) of the employer's choice. The employer will carry the cost of such examination. The Health Risk Manager will select on behalf of the employer the medical practitioner and make the necessary appointment. It must be noted that if you-
 - 3.2.1. fail to honor such an appointment, you will be held liable for the fruitless expenditure incurred and/or
 - 3.2.2. refuse to subject yourselves to such (a) medical examination(s), your application shall be immediately declined.

The Head of Department will not hesitate to impose disciplinary action if necessary.

4. The Head of Department shall-
 - 4.1. within 30 working days from the date of receipt of the Health Risk Manager's recommendation, investigate based upon the recommendation from the Health Risk Manager, the nature and extent of the employee's incapacity, inability to perform his/her normal duties, the necessity to adapt the employee's duties or work circumstances to accommodate the employee's incapacity or alternative employment; and
 - 4.2. shall, based upon the outcome of the above-mentioned investigation take a final decision on your application for incapacity leave for the period mentioned in paragraph 1 above. To this end you are reminded that, depending on the outcome of the above-mentioned investigation, the Head of Department may decide-
 - 4.2.1. not to grant you the temporary incapacity leave applied for in which case the period granted conditionally as incapacity leave shall be cancelled and the period shall be covered by annual leave or if you do not have sufficient annual leave credits available unpaid leave; or
 - 4.2.2. to grant you the period applied for as temporary incapacity leave in which case the period conditionally granted will be converted into incapacity leave.

Kind regards

DIRECTOR-GENERAL/HEAD OF DEPARTMENT