

PROCESS FORM: APPLICATION FOR EMPLOYEE-INITIATED SEVERANCE PACKAGE

SECTION A *(TO BE COMPLETED BY THE EMPLOYEE)*

I, _____ (full first names and surname), herewith apply to be discharged (in terms of section 17(2)(c) of the Public Service Act, 1994) from the public service on the basis of the employee-initiated severance package as determined by the Minister for the Public Service and Administration, in a dpsa circular 1/16/21 dated 16 January 2006. I declare that this request is made voluntarily and that I accept the conditions and severance benefits set out in the aforementioned determination by the Minister. I acknowledge that my application is subject to approval by the executing authority (or delegate).

The reasons for my request are the following (Please make use of a separate sheet if the allocated space is inadequate):

SIGNATURE

DATE:



SECTION B (TO BE COMPLETED BY THE RELEVANT DEPARTMENT)

Department: _____

Rank of Employee: _____

Occupational classification code _____

Salary notch: R _____

Salary scale: R _____

Age: _____

Race: _____

Prescribed retirement age: _____

Amount of severance package (excluding pension benefits): _____

Reasons for supporting/not supporting the application (Please use a separate sheet if the allocated space is inadequate):

EXECUTING AUTHORITY (OR DELEGATE)

DATE:

*(NOTE: If the application is **supported**, submit the process form to the Minister for the Public Service and Administration for comment.*

*If the application is **not supported (and therefore not approved)**, **do not** submit to the Minister for the Public Service and Administration, but inform the employee in writing of the decision, provide him/her with adequate reasons for the decision and inform him/her of any right of review.)*



SECTION C (TO BE COMPLETED BY THE MINISTER FOR THE PUBLIC SERVICE AND ADMINISTRATION OR DELEGATE)

Comment:

MINISTER FOR THE PUBLIC SERVICE AND ADMINISTRATION (OR DELEGATE)

DATE:



SECTION D (TO BE COMPLETED BY EXECUTING AUTHORITY OR DELEGATE)

The application is approved/not approved

EXECUTING AUTHORITY (OR DELEGATE)

DATE:

(NOTE: *If the application is approved, the employee must submit a completed pension withdrawal form (Z102).*

*If the application is **not approved**, the employee must be informed in writing of the decision, be provided with adequate reasons for the decision and be informed of any right of review.)*