

ANNEXURE D

Inquiry :
Telephone :
File :

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:

2.1. Add the conditions, e.g. further medical check-up/medical reports, etc.

3. Cognisance must be taken of the fact that your failure to adhere to the conditions referred to above may result in the withdrawal of the approved application for incapacity leave and the decline of 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

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 _____, authorizing the Department to cover the remainder of the period in question 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 5 working day 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. Please be aware that 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, not approved 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 _____, authorizing the Department 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 5 working day 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. Please be aware that 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