



**the dpsa**

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Public Service and Administration  
REPUBLIC OF SOUTH AFRICA

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## URGENT


**TO HEADS OF NATIONAL AND PROVINCIAL DEPARTMENTS AND PROVINCIAL ADMINISTRATIONS**

***For Attention: PILIR Champions/Director: Human Resource***

### **POLICY AND PROCEDURE ON INCAPACITY LEAVE AND ILL-HEALTH RETIREMENT (PILIR): LOW RATE OF SUBMISSION OF STOCKPILED PILIR APPLICATIONS TO METROPOLITAN HEALTH RISK MANAGEMENT**

1. In Circulars 17/2/2/P dated 2 December 2014 and 18 May 2015 respectively, (copies attached) the DPSA provided documentation as to the processes to be followed on the disposal of the stockpiled PILIR applications as well as the progress that had been made in finalizing the project.
2. As you are aware the due date for the finalization of all PILIR stockpiled applications is 31 March 2016. With this date in mind Departments' were apprised at the workshop on 20 November 2014 and in the circular of 2 December 2014 of the process, prioritisation of applications and due dates relevant to the stockpiled applications.
3. It was brought to the DPSA's attention that the disposal of the PILIR stockpiled applications is not progressing as expected as a result of amongst others:
  - 3.1. Departments', despite the agreed due date of 28 November 2014, are not contracting timeously with the appointed Service Provider, i.e. Metropolitan Health Risk Management. Only 89% of departments finalised their contracting with the said Health Risk Manager.
  - 3.2. Departments' are not observing the deadline for the submission of applications. The agreed date for final submission of all stockpiled applications was 31 May 2015.

- 3.3. Departments' are not submitting stockpiled PILIR applications for processing consistent with the number which had been declared in accordance with the cases reported by Departments' on the specially created codes on PERSAL. In accordance with the statistics extracted from PERSAL 33 000 PILIR stockpiled applications must be processed by the due date. According to the statistics provided by Metropolitan as at 30 September 2015, 22 157 stockpiled PILIR applications have been submitted for processing which leaves a deficit of 10 800 still to be submitted. It must be noted that the due date for the submission of all applications was 31 May 2015. From an in-depth analysis it appears that there are departments which to date have not submitted the bulk of the stockpiled applications. The delay in submission of these applications has the potential to compromise the finalisation of these applications.
4. Departments' are reminded that the disposal of the stockpiled PILIR applications is a Ministerial directive which must be implemented. Furthermore, Departments' are advised that they do not have the discretion to deviate from this directive and process these PILIR stockpiled applications without referring them to the appointed Health Risk Manager for an assessment as required in terms of the PILIR.
5. Due to the stringent timeframes, Departments' are encouraged to-
- 5.1. Finalise the contracting with Metropolitan Health Risk Management by no later than 13 November 2015; and
- 5.2. Submit all outstanding stockpiled applications on or before 30 November 2015 to Metropolitan Health Risk Management to enable the service provider to finalise the assessment of these applications by the agreed due date.
6. Departments' which do not have any stockpiled PILIR applications that need to be processed or which have dispensed with all their stockpiled applications, must submit a certification letter to the DPSA, under signature of the Head of Department, to this effect.
7. In the light of the aforementioned Departments' are requested to redouble their efforts in disposing of the PILIR stockpiled applications to ensure that the due date of 31 March 2016 is met.

  
DIRECTOR-GENERAL  
DATE: 20/5/11/2



the dpsa

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**TO HEADS OF NATIONAL AND PROVINCIAL DEPARTMENTS AND PROVINCIAL ADMINISTRATIONS**

**For Attention: PILIR Champions/Director: Human Resource**

**POLICY AND PROCEDURE ON INCAPACITY LEAVE AND ILL-HEALTH RETIREMENT (PILR): DISPOSAL OF STOCKPILED PILR APPLICATIONS**

1. The DPSA recently received an update from Metropolitan Health Risk Management (MHRM) regarding the progress on the disposal of the stockpiled applications. It transpired from the feedback that:
  - 1.1. There are still departmental contracts outstanding;
  - 1.2. Departments do not adhere to the prioritization and submission of stockpiled PILR applications;
  - 1.3. The lack of co-operation from Departments compromises the ability of MHRM and that of the Public Service to dispense with the stockpiles by 31 March 2016 as per the directive of the Minister for Public Service and Administration.
2. Noting that the final deadline for the finalisation of stockpiled applications, i.e. 31 March 2016, is approaching, you are kindly requested -
  - 2.1. That if your departmental contract with MHRM is not finalised at this point, to finalise it without delay
  - 2.2. To ensure that stockpiled applications be submitted according to time frames reflected in the correspondence attached to DPSA circular 17/2/2/P dated 2 December 2014. If your department have missed any of the timeframes please submit the relevant stockpiled applications without delay.
3. A copy of the DPSA circular 17/2/2/P dated 2 December 2014 is again attached for ease of reference.

  
MPHAPHELE MPHAPHELE  
DIRECTOR-GENERAL  
DATE: 18/05/2015

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URGENT

TO HEADS OF DEPARTMENT AND PROVINCIAL ADMINISTRATIONS

For Attention: *PILIR Champions/Director: Human Resource*

**POLICY AND PROCEDURE ON INCAPACITY LEAVE AND ILL-HEALTH RETIREMENT (PILIR): DISPOSAL OF STOCKPILED APPLICATIONS**

1. Following the workshop held on 20 November 2014 the following documents are for your information and attention:
  - 1.1. The Metropolitan Health Risk Management information pack, which provides an overview of the information discussed at the workshop as well as the process flow.
  - 1.2. Checklists for short and long incapacity leave applications and ill-health retirement, respectively.
  - 1.3. The Metropolitan Health Risk Management presentation.
  - 1.4. The workshop questions and answers.
2. To ensure the efficient and effective disposal of the Stockpiled applications you are urged to adhere to the stipulated due dates.

For DIRECTOR-GENERAL  
DATE: 2014/11/20

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PILIR Information Pack  
By Metropolitan Health Risk Management  
November 2014

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## 1. Stockpile Process and Proposed Timelines

• Complete by 28/11/2014 to be submitted to  
DPSAcontract@metropolitapharm.co.uk

• Complete by 28/11/2014.

• Registration on SAS and/or LOGIS • Complete by  
05/12/2014

• First level priority cases to be submitted by 15 January  
2015 and Second level priority cases to start on 1 March  
2015 and end by 31 May 2015

• Will take place from November 2014 – March 2016

• Flexibly  
• Agree on Requirements

## 2. Prioritisation

Priority	Criteria	Details	Timeline
High	<ul style="list-style-type: none"> <li>Deceased employees – (STL, LTL, IHR)</li> <li>Retired employees – normal and early retirement (STL, LTL, IHR)</li> <li>Employees who resigned – (STL, LTL, IHR)</li> <li>Other cases, e.g. dismissals (STL, LTL, IHR)</li> </ul>	<ul style="list-style-type: none"> <li>Generation of records in support of case load using PERSAL (Termination and Leave Category reports)</li> <li>Submission of first level priority cases</li> <li>Verification of completeness of applications</li> <li>Return of incomplete applications</li> <li>Processing/assessment of complete applications</li> </ul>	<ul style="list-style-type: none"> <li>All these applications to be submitted by 15 January 2015</li> <li>Expected completion date – April 2015</li> <li>Based on 20% of total case load assumption</li> </ul>
Medium	<ul style="list-style-type: none"> <li>Employees with multiple applications (and application types)</li> <li>The rest of the applications</li> </ul>	<ul style="list-style-type: none"> <li>Submission of second level priority cases</li> <li>Verification of completeness of applications</li> <li>Return of incomplete applications</li> <li>Processing/assessment of applications</li> <li>Reporting at predetermined intervals</li> </ul>	<ul style="list-style-type: none"> <li>Submission to start on 1 March 2015 and complete on 31 May 2015</li> </ul>

### 3. Management of Stockpile – Process Flow



### 4. Region Split

Province	Region	Applications
WC - 3681	KZN - 12797	GPG - 3629
NW - 1239	Cluster 4 - 769	Cluster 2 - 1407
EC - 2840	Cluster 3 - 370	Cluster 1 - 2486
LP - 1367		FS - 1809
NC - 581		MP - 522
<b>Total - 8708</b>	<b>Total - 13936</b>	<b>Total - 9853</b>

- This breakdown is subject to change, depending on the actual number of applications after verification.
- Any changes will be communicated in writing to all stakeholders.

### 5. Processing and Collection Points

- Processing Centers**
- Gauteng Province - Braamfontein
  - KwaZulu Natal Province - Durban/Umlhlanga
  - Western Cape - Cape Town
- Collection Centers – to be set up at:**
- National Head Offices (Clusters)
  - Provincial Administrations – via Office of the Premier (to be discussed with the relevant Programme Manager)

**METROPOLITAN**  
HEALTH RISK MANAGEMENT



SHORT PERIOD OF TEMPORARY INCAPACITY LEAVE		TO BE COMPLETED/ PROVIDED BY	Y( ) / M( ) / Y( ) BOX
<b>MANDATORY</b>			
Annexure A - PART A - Employee's application for incapacity leave		Employee	
Annexure A - PART B - Employee's consent form		Employee	
Annexure A - PART C - Decision on application		Employer	
Annexure A - PART D - Department's report to the HRMS		Employer	
Medical certificate		Employee	
PERSONAL printouts of Employee's leave records of current & if available, the previous sick leave cycles.		Employee	
Employee's medical certificates / reports for current & if available, the previous sick leave cycles.		Employer	
Date of Submission	YYYY/MM/DD	Employer	
Date Signed By HQD	YYYY/MM/DD	Employer	
Annual Salary & Salary Level		Employee	
Applicant's ID Number		Employer	
<b>OPTIONAL</b>			
Current medical report not older than 6 months or if the application is of a psychiatric nature not older than 2 months.		Employee	
Blood tests, x-ray results, scan results, etc.		Employee	
Additional written motivation		Employee	
Job description		Employer	

Approved by: Thokozi Kunene      Version 1      Date approved: 2014/11/25  
 Position: Project Manager - Intervention Wellness      Page 1 of 1      File Reference:

**METROPOLITAN**  
HEALTH RISK MANAGEMENT



LONG PERIOD OF TEMPORARY INCAPACITY LEAVE		TO BE COMPLETED/ PROVIDED BY	Y( ) / M( ) / Y( ) BOX
<b>MANDATORY</b>			
Annexure B - PART A - Employee's application for incapacity leave		Employee	
Annexure B - PART B - Employee consent form		Employee	
Annexure B - PART C - Statement by attending doctor		Attending doctor	
Annexure B - PART D - Decision on application		Employer	
Annexure B - PART E - Department's report to the HRMS		Employer	
Medical certificate		Employee	
PERSONAL printouts of Employee's leave records of current & if available the previous sick leave cycles.		Employer	
Employee's previous medical certificates / reports of current & if available the previous sick leave cycles.		Employer	
Date of Submission	YYYY/MM/DD	Employer	
Date Signed By HQD	YYYY/MM/DD	Employer	
Annual Salary & Salary Level		Employee	
Applicant's ID Number		Employer	
<b>OPTIONAL</b>			
Current medical report not older than 6 months or if the application is of a psychiatric nature not older than 2 months.		Employee	
Blood tests, x-ray results, scan results, etc.		Employee	
Additional written motivation		Employee	
Job description		Employer	

Approved by: Thokozi Kunene      Version 1      Date approved: 2014/11/25  
 Position: Project Manager - Intervention Wellness      Page 1 of 1      File Reference:



**ILL-HEALTH RETIREMENT (GENERAL)**

DOCUMENT DESCRIPTION	TO BE COMPLETED/ PROVIDED BY	Y (✓), N (✗) BOX
<b>MANDATORY</b>		
Annexure E: PART A – Statement by Employer	Employer	
Annexure E: PART B – Statement by Employee	Employee	
Annexure E: PART C – Employee's consent form	Employee	
Annexure E: PART D – Statement by attending doctor or practitioner. If this part is completed by a general practitioner, a copy of a specialist report must be provided	Attending doctor	
Blood tests, x-ray results, scan results, etc.	Employee	
Certified copy of ID document	Employee	
Job description	Employer	
Employee's previous medical certificates / reports of current & if available, the previous sick leave cycles.	Employer	
PERSAL printouts of Employee's leave records of current & if available, the previous sick leave cycles.	Employer	
Date of Submission	YYYY/MM/DD	
Date Signed By HOD	YYYY/MM/DD	
Annual Salary & Salary Level		
Applicants ID Number		
<b>OPTIONAL</b>		
Additional written motivation	Employee	



**ILL-HEALTH RETIREMENT (PSYCHIATRIC)**

DOCUMENT DESCRIPTION	TO BE COMPLETED/ PROVIDED BY	Y (✓), N (✗) BOX
<b>MANDATORY</b>		
Please complete the following parts in Annexure A, Part A, B, C, & D		
Certified copy of ID document	Employee	
PERSAL printouts of Employee's leave records of current & if available the previous sick leave cycles.	Employer	
Date of Submission	YYYY/MM/DD	
Date Signed By HOD	YYYY/MM/DD	
Annual Salary & Salary Level		
Applicants ID Number		
A Clinical report by psychiatrist not older than 2 months detailing the history of the condition, DSM – IV classification, duration of treatment response to treatment modalities attempted, current management and future treatment strategy.	Employee	
Blood tests, x-ray results, scan results, etc.	Employee	
Job description	Employer	
Employee's previous medical certificates / reports of current & if available, the previous sick leave cycles.	Employer	
<b>OPTIONAL</b> - Additional written motivation	Employee	



ILL HEALTH RETIREMENT (SPINAU)		TO BE COMPLETED/ PROVIDED BY	Y(M, N)P BOX
<b>MANDATORY</b>			
Annexure E: PART A – Statement by Employer		Employer	
Annexure E: PART B – Statement by Employee		Employee	
Annexure E: PART C – Employee consent form		Employee	
Annexure E: PART D – Statement by attending doctor. If this part is completed by a general practitioner, a copy of a specialist report must be provided.		Employee	
A recent report by the treating physiotherapist or occupational therapist not older than 6 months.		Employee	
PERSONAL PRINTOUTS of Employee's leave records of current & if available the previous sick leave cycles.		Employer	
Date of Submission	YYYY/MM/DD	Employee	
Date Signed By HOD	YYYY/MM/DD	Employer	
Annual Salary & Salary Level		Employer	
Applicant's ID Number		Employer	
Blood tests, x-ray results, scan results, etc.		Employee	
Collected copy of ILE document		Employee	
Job description		Employer	
Physician's report by the treating specialist in orthopaedics or rheumatology, which is not older than 6 months.		Employee	
Employee's previous medical certificates / reports of current & if available the previous sick leave cycles.		Employer	
<b>CRITICAL</b>			
Medical condition		Employee	



**Introduction and Context**

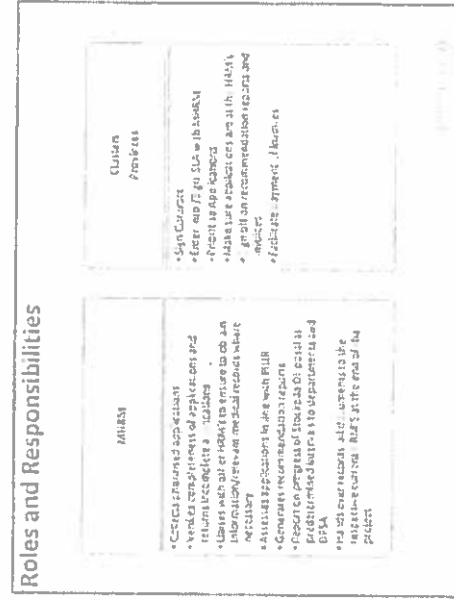
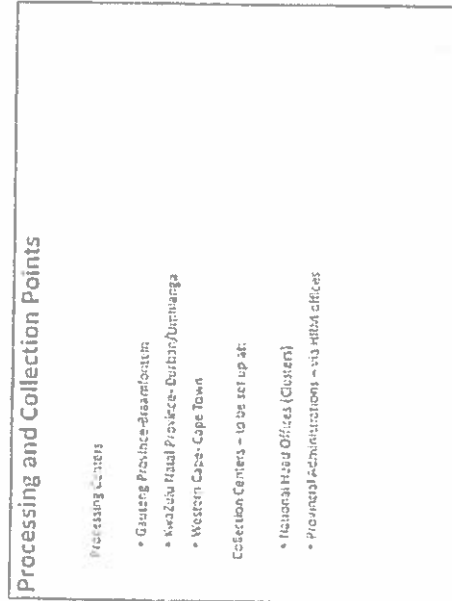
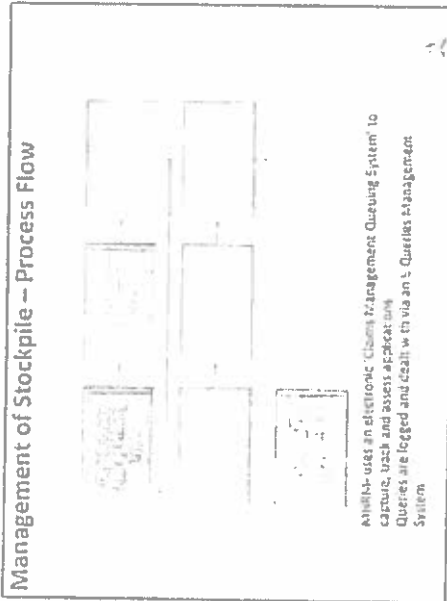
- As a result of legal action brought against the DPSA by one of the HRAS, the selection and appointment of HRAS for the 2013-2015 leave cycle was interrupted and delayed.
- MHRM was appointed to assist departments to dispose of/piccasas all completed applications (JHTL & IHT applications received Jan-Oct 2013).
- Time frame for disposing of applications: November 2013 – March 2015
- Success means working together with the other Health Risk Managers as well as the departments.

Objectives	
1.	To complete the assessments, commencing with the prioritized cases within the stipulated time frame or sooner.
2.	To work with the other HRH's to ensure a seamless handover of files and documentation.
3.	To ensure a significant process takes place in unison with the departments, clusters and provinces.

Prioritisation Proposal	
<p>HRH's propose that cases are submitted and processed in the following order of priority:</p> <p><b>First Level Priority</b></p> <ol style="list-style-type: none"> <li>1. Deceased employees (STIL, LTL, LIR and Grievances where applicable)</li> <li>2. Retired (normal) and early retirement employees - all application types</li> <li>3. Employees who resigned (STIL, LTL, LIR and Grievances where applicable)</li> <li>4. Other types of cases, e.g. dismissals (STIL, LTL, LIR) and Grievances where applicable</li> </ol> <p><b>Second Level Priority</b></p> <ol style="list-style-type: none"> <li>1. Employees with multiple applications (STIL, LTL, LIR, including grievances)</li> <li>2. The 'rest' of the applications</li> </ol> <p>* Processing all application types at the same time (in the case of First Level Priority Cases) will enable departments to finalise terminations without further delay.</p> <p>Departments must therefore prepare applications for submission to HRH's in the same order of priority for collection by HRH's.</p>	

The Process and Proposed Timelines	
<ul style="list-style-type: none"> <li>• Complete by 28/11/2014 to be submitted to HRH's</li> </ul>	<ul style="list-style-type: none"> <li>• Complete by 28/11/2014.</li> </ul>
<ul style="list-style-type: none"> <li>• Finalisation on BMS and on LCGIS</li> </ul>	<ul style="list-style-type: none"> <li>• Complete by 05/12/2014</li> </ul>
<ul style="list-style-type: none"> <li>• First level priority cases to be submitted by 15 January 2015 and second level priority cases to start on 1 March 2015</li> </ul>	<ul style="list-style-type: none"> <li>• Volatile date from December 2014 - March 2015</li> </ul>
<ul style="list-style-type: none"> <li>• Manually</li> <li>• Agree on requirements</li> </ul>	

Prioritisation	
<ul style="list-style-type: none"> <li>• Deceased employees - (STIL, LTL, LIR)</li> <li>• Retired employees - normal and early retirement (STIL, LTL, LIR)</li> <li>• Employees who resigned - (STIL, LTL, LIR)</li> <li>• Other cases, e.g. dismissals (STIL, LTL, LIR)</li> </ul>	<ul style="list-style-type: none"> <li>• Generation of records in support of finalised cases (e.g. PERSA, IT termination and leave change reports)</li> <li>• Submission of final level of application or completion of application</li> <li>• Review of complete applications</li> <li>• Review of complete applications</li> <li>• Review of complete applications</li> </ul>
<ul style="list-style-type: none"> <li>• Employees with multiple applications (and application types)</li> <li>• The rest of the applications</li> </ul>	<ul style="list-style-type: none"> <li>• Submission of records to HRH's</li> <li>• Verification of completeness of applications</li> <li>• Return of complete applications</li> <li>• Processing/assessment of applications</li> <li>• Reporting on predetermined intervals</li> </ul>
	<ul style="list-style-type: none"> <li>• All these applications to be submitted by 15 January 2015</li> <li>• Expected completion date (based on 20% of workload and capacity)</li> <li>• Submission to HRH's start on 1 March 2015 and closing on 31 May 2015</li> </ul>



### Project Managers and Areas of Responsibilities

WC - 1551	CPG - 3533
AM - 1235	Cluster 2 - 1427
EC - 2810	Cluster 3 - 370
LP - 1367	Total - 13316
FC - 531	FS - 1839
Total - 9769	MP - 512
	Total - 3853

- This breakdown is subject to change, depending on the actual number of applications after verification.
- Any changes will be communicated in writing to all stakeholders.

Thank you

### E-queries mailboxes for logging queries

Each Provincial Administration and Cluster will be assigned a dedicated mailbox for logging queries:

- Gauteng
- Northern Cape
- Limpopo
- Mpumalanga
- North West
- Eastern Cape
- Western Cape
- Free State
- KwaZulu-Natal

- Cluster 1
- Cluster 2
- Cluster 3
- Cluster 4

# Activation of mailboxes in 2 weeks

### Questions and Answers

- What happens if I do not have any death, ill or long term cases, can I submit my short term cases in the mean time?
  - Yes. Please communicate with your Project Manager about this.
- How often will you collect applications?
  - The frequency will be determined by the frequency of *happening off* - departments must notify their Project Manager of the drop off. It is envisaged that weekly collections will take place until cases are collected. Please note though that rates may be affected according to level of priority.
  - We are still prioritizing our applicants, what happens if we are unable to meet the deadline?
  - Notify your Project Manager, and a later submission date will be envisaged, but understand that it will impact on the rate of finalisation.



**QUESTIONS AND ANSWERS**

**MANAGEMENT WITH EMPLOYMENTS AND METROPOLITAN HEALTH ON THE DISPOSAL OF THE STOCKPILED PILIR APPLICATIONS**

**Questions and Answers continued...**

- When will I receive my first report?  
This is dependent on when we received applications and the state of the applications received. If it is incomplete, it will be returned and you will have to correct and resubmit the complete application. Recommendation reports will be emailed to you as and when it is finished.
- How often do I get to meet the project manager/s?  
A service level agreement will be drawn up between departments and HRM1 where this and other matters will be determined and agreed on.
- How much staff do you have to deal with the stockpile?  
Our total staff complement will be approximately 40 - we are in an advanced process of recruiting and appointing assessors. A significant number of the recruits have prior knowledge and experience in processing SHL, LTL and HR applications.

**Questions and Answers continued...**

- What happens when Malariaiah is required for a stock pile application that may have been submitted to the current HRM?  
Malariaiah will be working closely with other HRM's to obtain information about cost, particularly in the case of greencost, HR and LTL applications.
- Will be able to follow up on the progress of applications?  
Yes, HRM1 uses PILIR online, an online interactive tool where departments can view the status of applications and log queries. Each department will be assigned a dedicated personal inbox that will be monitored for queries on a daily basis.
- Who do I contact for assistance?  
Tanya Ferreira - tanya.ferreira@metropolitan.gov.za  
Charmaine Mabebeleanga - charmaine.mabebeleanga@metropolitan.gov.za  
Inelobane Nkomo - inelobane.nkomo@metropolitan.gov.za  
Rosemary Ramatsimela - ramatsimela@metropolitan.gov.za

**Question 1**

When the deadlines were set, were the closing of the schools taken into consideration?

**Response**

Yes. Whilst the departments are finalising the signing of the contract with HRM1, they are encouraged to use the days remaining in November and December 2014 to sort out the pilicity applications and if needed start with requesting outstanding information from employees. The first 2 weeks of January 2015 can also be used to obtain any outstanding information.

**Question 2**

How will applications be dealt with that was received in January 2012?

**Response**

These applications were not affected by the court interdict and should be referred to the Department's current Health Risk Manager.

**Question 3**

What is the definition of stockpiles?

**Response**

Stockpiles are PILIR applications received by the Department between 31 December 2012 and 30 October 2013. Refer to circular 17/01/P dated 11 August 2014.

**Question 4**

How will quarterly reporting be done given that stockpiled applications are missing from current Health Risk Managers' reports?

**Response**

Metropolitan Health Risk Management will provide monthly and quarterly reports to departments and the DPSA. They will also provide statistics to HRM's appointed in the various implementation areas.

**Question 5**

How will leave without pay be implemented in respect of leave cycles that already lapsed?

**Response**

In the event of stockpile incapacity leave applications being declined, the normal provisions should apply, i.e. unpaid leave should be implemented against the current leave cycle.

**Question 5**

Does the fee per case include grievance cases?

**Response**

Yes, grievances that were received during the period 31 December 2012 to 30 October 2013 are deemed to be a stockpiled application and should be treated as such. Grievances that arise from the assessment and decision process related to the stockpiles should be submitted to Metropolitan Health. A fee per case will be applicable to the latter.

**Question 6**

Has the Auditor General been engaged regarding the stockpiled applications?

**Response**

Yes, the Director-General of the DPSA has written a "dear colleague" letter to the Auditor-General to apprise him of the legal challenge and its consequences. The Auditor-General was requested that this must be taken into account when audits are conducted in departments.

**Question 7**

What happens if an employee has passed away and new information is needed to deal with the stockpiled application?

**Response**

The HRM will assess the application based on the information available with the application. If the HRM is not in a position to assess the application due to a lack of sufficient evidence they must advise the department to this effect. The department must deal with the application in accordance with paragraph 15.16 of the Determination.

**Question 8**

How will the conditional granting of incapacity leave be dealt with?

**Response**

The interdict that gave rise to the stockpile applications did not absolve the employer from its responsibilities. Therefore, the conditional granting of leave should have been made and a communication forwarded to the employee as contained in Annexure C of PILIR, with the addition of the paragraph contained in the 'dear

colleague' letter dated 18 December 2012, i.e. that the employee's application will be processed following the finalisation of the Court processes surrounding the PILIR contract in prospect.

**Question 9**

Will meetings be held with Metropolitan in the same way as with the current HRM's regarding the progress with the stockpiled applications?

**Response**

It was recommended that Metropolitan participate in the normal quarterly steering committee meetings of the respective implementation areas to prevent the establishment of parallel structures. The implementation areas should provide Metropolitan with the meeting schedules.

**Question 10**

If an employee's application for ill-health retirement has been approved by the current HRM and the same employee has an application for ill-health retirement in the stockpiled applications must the stockpiled IHR application be referred to Metropolitan?

**Response**

No, the employee's application for ill-health retirement has already been approved.

**Question 11**

If an application is deemed due to insufficient medical evidence must the employee at this late stage be requested to submit the required evidence?

**Response**

Yes, the employee applied for incapacity leave and as such must prove that he/she was unable to work. If the evidence is not submitted such application cannot be approved as the onus rests with the employee.

**Question 12**

Will Metropolitan be in a position to assist with litigation if it flows from the process of resolving of the stockpiled applications?

**Response**

Yes, it will however incur a cost for departments.

**Question 13**

In the cases of death has there been engagement with the GEFF regarding the penalties and who will be responsible for the payment thereof?

**Response**

No there was no engagement with the GEFF. The pension rules apply and as such must be adhered to.

RESPONSES VI

RESPONSES VI

Question 14

Will Metropolitan be able to provide a checklist to ensure stockpiled applications adhere to the requirements?  
Response

Whilst stockpiled applications are the same than any other PILR applications, Metropolitan volunteered checklists to assist Departments.

Question 15

Are the turnaround times for stockpiled applications the same as for normal applications?  
Response

No, it is required that all stockpiled applications must be dealt with by 31 March 2016.

Question 16

What will happen if employees refuse to go for second opinions if it is required?  
Response

The employer through its Health Risk Manager may in terms of the provisions of PILR refer an employee for a further medical examination/second medical opinion. If the employee refuses to subject themselves to such medical examination despite consent granted, the application will be assessed with the information at hand.

Question 17

How do we deal with an application where the employee has recovered fully?  
Response

Any period of absence must be covered by some type of leave. In this regard if an employee applied for incapacity leave the process must be concluded to determine if the absence will be covered by incapacity leave or any other type of leave. If the employee recovered fully the absence still need to be covered by leave and as such the applicable information will still be assessed.

Question 18

What happens to the stockpiled application if the employee's services were terminated?  
Response

The employer must still apply its mind to the employee's absence and subsequent application, i.e. to grant or not grant incapacity leave benefits and where applicable process exit forms to GPAA to action pension payouts. Therefore the stockpiled applications must still be assessed to ascertain if the period of absence will be covered by incapacity leave, annual leave or unpaid leave. If unpaid leave is granted it creates a debt for the employee and the department must recover such debt from the employee.

Question 19

What happens if I do not have any death, IHR or long term cases, can I submit my short term cases in the mean time?  
Response

Yes, Please communicate with your Project Manager about this.

Question 20

How often will you collect applications?  
Response

The frequency will be determined by the frequency of 'dropping off' - departments must notify their Project Manager of the drop offs. It is envisaged that weekly collections will take place until all cases are collected. Please note though that cases must be batched according to level of priority

Question 21

We are still prioritizing our applications, what happens if we are unable to meet the deadline?  
Response

Please notify your Project Manager and a later submission date will be arranged. However, it must be understood that it will impact on the finalisation date.

Question 22

When will I receive my first report?  
Response

This is dependent on when we received applications and the status of the applications received. If it is incomplete, it will be returned and you will have to correct and resubmit the complete applications. Recommendation reports will be emailed to you as and when it is finalized, we are aiming to have monthly reports.

Question 23

What happens when information is required for a 'stockpile application' that may have been submitted to the current HRM?  
Response

HRM will be working closely with all other HRM's to obtain information about cases, particularly in the case of grievances, IHR and LTI applications.

**Question 24**

Will I be able to follow up on the progress of applications?

**Response**

Yes, MHRM uses PIUR online, an online interactive tool where departments can view the status of applications and log queries. Each department will be assigned a dedicated personal inbox that will be monitored for queries on a daily basis.

**Question 25**

Who do I contact for assistance?

**Response**

Tania Pereira (Project Administrator) – tpereira@metropolitanhm.co.za

Charmaine Masebelanga (Project Manager) – cmasebelanga@metropolitanhm.co.za

Thokozani Kunene (Project Manager) – tkunene@metropolitanhm.co.za

Reshnee Ramsamy (Project Manager) - Reshnee\_Ramsamy@nhg.co.za

Each Provincial Administration and Cluster will be assigned a dedicated mailbox for logging queries (activation of mailboxes within two weeks):

Eastern Cape Provincial Administration      ecpp@irquenes@metropolitanhm.co.za

Free State Provincial Administration      fspp@irquenes@metropolitanhm.co.za

Gauteng Provincial Administration      gp@irquenes@metropolitanhm.co.za

KwaZulu-Natal Provincial Administration      kzpp@irquenes@metropolitanhm.co.za

Limpopo Provincial Administration      lp@irquenes@metropolitanhm.co.za

Mpumalanga Provincial Administration      mp@irquenes@metropolitanhm.co.za

North West Provincial Administration      nwpp@irquenes@metropolitanhm.co.za

North West Provincial Administration      nwpp@irquenes@metropolitanhm.co.za

Western Cape Provincial Administration      wcp@irquenes@metropolitanhm.co.za

Cluster 1 National Departments      cluster1@irquenes@metropolitanhm.co.za

Cluster 2 National Departments      cluster2@irquenes@metropolitanhm.co.za

Cluster 3 National Departments      cluster3@irquenes@metropolitanhm.co.za