



**the dpsa**

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Public Service and Administration  
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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 (PILIR): DISPOSAL OF STOCKPILED PILIR 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 PILIR 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.

**MR M DIPHOZA**  
**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:

2014/12/02

Staatsdiens en Administrasie . Ditsebeliso tsa Puso le Tsamaiso . Ditshebeliso tsa Mmuso le Tsamaiso . uMnyango wemiSebenzi kaHulumeni nokuPhata  
Muhasho wa Tshumelo ya Muvuso na Vhulanguli . Kgato ya Ditirelo tsa Mmuso . Ndzawulo ya Vutirela-Mfumo na Valawuni  
Litiko le Tebaschenti baHulumende nokuPhatsa . Ishe leNkonzo kaRhulumente noLawulo . UmNyango wemiSebenzi kaRhulumente nokuPhata



## PILIR Information Pack

By Metropolitan Health Risk Management

November 2014

HEAD OFFICE

REGIONAL OFFICES Braamfontein:

Durban:

DIRECTORS



INVESTOR IN PEOPLE

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## 1. Stockpile Process and Proposed Timelines

Step 1: Contract Signing	<ul style="list-style-type: none"> <li>Complete by 28/11/2014 to be submitted to <a href="mailto:DPSAcontracts@metropolitanhrm.co.za">DPSAcontracts@metropolitanhrm.co.za</a></li> </ul>
Step 2: Signing of SLAs	<ul style="list-style-type: none"> <li>Complete by 28/11/2014.</li> </ul>
Step 3: Registration on BAS and or LOGIS	<ul style="list-style-type: none"> <li>Registration on BAS and or LOGIS - Complete by 05/12/2014</li> <li>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</li> </ul>
Step 4: Reporting and Billing	<ul style="list-style-type: none"> <li>Will take place from November 2014 – March 2016</li> <li>Monthly</li> <li>Agree on Requirements</li> </ul>

## 2. Prioritisation

Category	Description	Time	
<b>First Level Priority</b>	<ul style="list-style-type: none"> <li>Deceased employees – (STIL, LTIL, IHR)</li> <li>Retired employees – normal and early retirement (STIL, LTIL, IHR)</li> <li>Employees who resigned - (STIL, LTIL, IHR)</li> <li>Other exits, e.g. dismissals (STIL, LTIL, 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>	<p>All these applications to be submitted by 15 January 2015</p> <p>Expected completion date – April 2015 (based on 20% of total case load assumption)</p>
<b>Second Level Priority</b>	<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>	<p>Submission to start on 1 March 2015 and closing on 31 May 2015</p>

### 3. Management of Stockpile – Process Flow



#### 4. Region Split

T'Kunene	R Ramsamy	C Masebelanga
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 - 9708</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/Umhlanga
- 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 (✓), N (✗) 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 MHRM			Employer	
Medical certificate			Employee	
PERSAL printouts of Employee’s leave records of current & if available, the previous sick leave cycles.			Employer	
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 HOD	YYYY/MM/DD		Employer	
Annual Salary & Salary Level			Employer	
Applicants ID Number			Employer	
<b>OPTIONAL</b>			Employee	
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: Thokozani Kunene	Version 1	Date approved: 2014/11/25
Position: Project Manager: Metropolitan Wellness	Page 1 of 1	File Reference:

**METROPOLITAN**  
HEALTH RISK MANAGEMENT



LONG PERIOD OF TEMPORARY INCAPACITY LEAVE				
DOCUMENT DESCRIPTION			TO BE COMPLETED/ PROVIDED BY	Y (✓), N (*) 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 MHRM			Employer	
Medical certificate			Employee	
PERSAL 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 HOD	YYYY/MM/DD		Employer	
Annual Salary & Salary Level			Employer	
Applicants 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: Thokozaan Kunene	Version 1	Date approved: 2014/11/25
Position: Project Manager: Metropolitan 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	Employer
Date Signed By HOD	YYYY/MM/DD	Employer
Annual Salary & Salary Level		Employer
Applicants ID Number		Employer
<b>OPTIONAL</b>		
Additional written motivation	Employee	

Approved by: Thokozani Kunene	Version 1	Date approved: 2014/11/25
Position: Project Manager: Metropolitan Wellness	Page 1 of 3	File Reference:



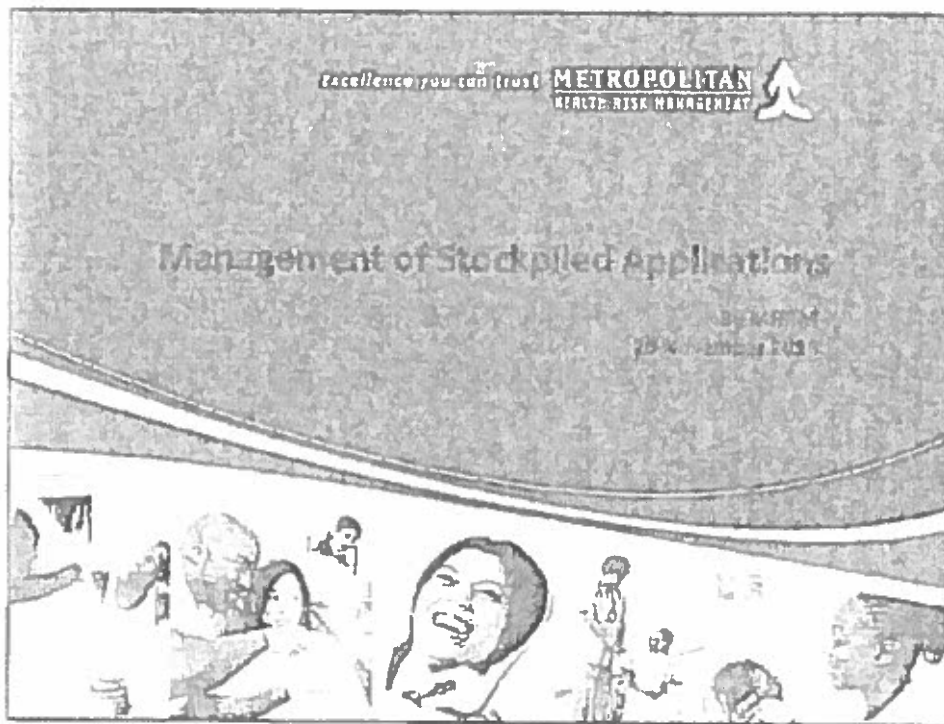
ILL-HEALTH RETIREMENT (PSYCHIATRIC)			TO BE COMPLETED/ PROVIDED BY	Y (✓), N (✗) BOX
<b>MANDATORY</b>				
Please complete the following parts in Annexure A, Part A, B, C, & D				
Certified copy of ID document			Employee	
PERSAL printouts of Employee's leave records of current & if available the previous sick leave cycles.			Employer	
Date of Submission	YYYY/MM/DD		Employer	
Date Signed By HOD	YYYY/MM/DD		Employer	
Annual Salary & Salary Level			Employer	
Applicants ID Number			Employer	
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	
OPTIONAL - Additional written motivation			Employee	

Approved by: Thokozani Kunene	Version 1	Date approved: 2014/11/25
Position: Project Manager: Metropolitan Wellness	Page 2 of 3	File Reference:



ILL-HEALTH RETIREMENT (SPINAL)			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 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	
PERSAL printouts of Employee's leave records of current & if available the previous sick leave cycles.			Employer	
Date of Submission	YYYY/MM/DD		Employer	
Date Signed By HOD	YYYY/MM/DD		Employer	
Annual Salary & Salary Level			Employer	
Applicants ID Number			Employer	
Blood tests, x-ray results, scan results, etc.			Employee	
Certified copy of ID document			Employee	
Job description			Employer	
A recent clinical report by the treating specialist in orthopaedics or neurology, 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>OPTIONAL</b>				
Additional written motivation			Employee	

Approved by: Thokozani Kunene	Version 1	Date approved: 2014/11/25
Position: Project Manager: Metropolitan Wellness	Page 3 of 3	File Reference:



## Introduction and Context

- As a result of legal action brought against the DPSA by one of the HRM's, the selection and appointment of HRM's for the 2013-2015 leave cycle was interdicted and delayed
- MHRM was appointed to assist departments to dispose of/process all stockpiled applications (all TIL & IHR applications received Jan-Oct 2013)
- Time Frame for disposing of applications: November 2013 – March 2016
- Success means working together with the other Health Risk Managers as well as the departments

## Objectives

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



## The Process and Proposed Timelines

Step 1: Contract Signing	<ul style="list-style-type: none"> <li>Complete by 28/11/2014 to be submitted to <a href="mailto:DP5Acontracts@metropolitanhrm.co.za">DP5Acontracts@metropolitanhrm.co.za</a></li> </ul>
Step 2: Signing of SLAs	<ul style="list-style-type: none"> <li>Complete by 28/11/2014.</li> </ul>
Step 3: Registration on BAS and or LOGIS	<ul style="list-style-type: none"> <li>Registration on BAS and or LOGIS - Complete by 05/12/2014</li> </ul>
Step 4: Submission of cases	<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 and end by 31 May 2015</li> </ul>
Step 5: Review and Reporting	<ul style="list-style-type: none"> <li>Will take place from November 2014 – March 2015</li> </ul>
Step 6: Monthly Reporting	<ul style="list-style-type: none"> <li>Monthly</li> <li>Agree on Requirements</li> </ul>



## Prioritisation Proposal

MRHM proposes that cases are submitted and processed in the following order of priority:

### First Level Priority

1. Deceased employees (STIL, LTIL, IHR and Grievances where applicable)
2. Retired (normal and early retirement) employees – all application types
3. Employees who resigned (STIL, LTIL, IHR and Grievances where applicable)
4. Other types of exits, e.g. dismissals (STIL, LTIL, IHR and Grievances where applicable)

### Second Level Priority

1. Employees with multiple applications (STIL, LTIL, IHR, including grievances)
2. The 'rest' of the applications

✓ 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

Departments must therefore prepare applications for submission to MRHM in the same order of priority for collection by MRHM

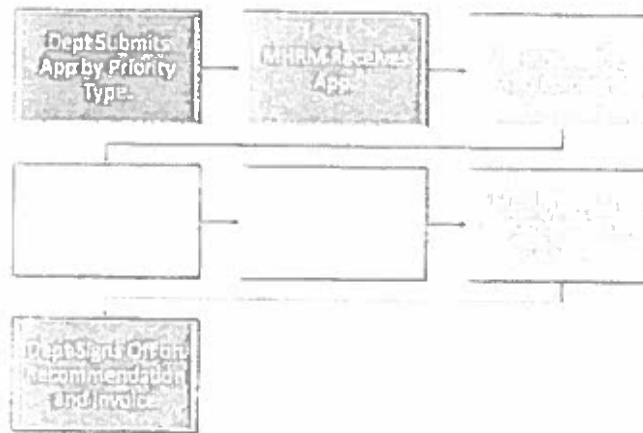


## Prioritisation

Category	Priority	Key Deliverables	Timeline
First Level Priority	<ul style="list-style-type: none"> <li>• Deceased employees – (STIL, LTIL, IHR)</li> <li>• Retired employees – normal and early retirement (STIL, LTIL, IHR)</li> <li>• Employees who resigned - (STIL, LTIL, IHR)</li> <li>• Other exits, e.g. dismissals (STIL, LTIL, 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>	<p>All these applications to be submitted by 15 January 2015</p> <p>Expected completion date – April 2015 (based on 20% of total case load assumption)</p>
Second Level Priority	<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>	<p>Submission to start on 1 March 2015 and closing on 31 May 2015</p>



## Management of Stockpile – Process Flow



MHRM- uses an electronic 'Claims Management Queuing System' to capture, track and assess applications  
 Queries are logged and dealt with via an E-Queries Management System



## Processing and Collection Points

### Processing Centers

- Gauteng Province- Braamfontein
- KwaZulu Natal Province- Durban/Umhlanga
- Western Cape- Cape Town

### Collection Centers – to be set up at:

- National Head Offices (Clusters)
- Provincial Administrations – via HRM offices



## Management of Stockpile – Engagement Model

Managed by 3 Dedicated and Experienced Project Managers who will be accountable for all 9 provinces

Monthly and Quarterly Client Reporting

Dedicated E-queries Management System – (PILIR online)



## Roles and Responsibilities

### MHRM

- Collects prioritised applications
- Verifies completeness of applications and returns incomplete applications
- Liaises with other HRM's to ensure to obtain information/relevant medical records where necessary
- Assesses applications in line with PILIR
- Generates recommendation reports
- Report on progress of Stockpile Disposal at predetermined intervals to departments and DPSA
- Hands over records/all documents to the respective current HRM'S at the end of the project

### Clusters Provinces

- Sign Contract
- Enter into /Sign SLA with MHRM
- Prioritise Applications
- Make sure applications are at the HRM's
- Sign off on recommendation reports and Invoices
- Facilitate payment of invoices



## Project Managers and Areas of Responsibilities

Province	Cluster	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	Total - 13936	FS - 1809
NC - 581		MP - 522
Total - 9708		Total - 9853

- 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.



## E-queries mailboxes for logging queries

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

[gpgpillarqueries@metropolitanhrm.co.za](mailto:gpgpillarqueries@metropolitanhrm.co.za) - Gauteng  
[ncpgpillarqueries@metropolitanhrm.co.za](mailto:ncpgpillarqueries@metropolitanhrm.co.za) - Northern Cape  
[lpgpillarqueries@metropolitanhrm.co.za](mailto:lpgpillarqueries@metropolitanhrm.co.za) - Limpopo  
[mpgpillarqueries@metropolitanhrm.co.za](mailto:mpgpillarqueries@metropolitanhrm.co.za) - Mpumalanga  
[nwpgpillarqueries@metropolitanhrm.co.za](mailto:nwpgpillarqueries@metropolitanhrm.co.za) - North West  
[ecpgpillarqueries@metropolitanhrm.co.za](mailto:ecpgpillarqueries@metropolitanhrm.co.za) - Eastern Cape  
[wcpillarqueries@metropolitanhrm.co.za](mailto:wcpillarqueries@metropolitanhrm.co.za) - Western Cape  
[fspgpillarqueries@metropolitanhrm.co.za](mailto:fspgpillarqueries@metropolitanhrm.co.za) - Free State  
[kznpgpillarqueries@metropolitanhrm.co.za](mailto:kznpgpillarqueries@metropolitanhrm.co.za) - KwaZulu-Natal

[cluster1pillarqueries@metropolitanhrm.co.za](mailto:cluster1pillarqueries@metropolitanhrm.co.za) - Cluster 1  
[cluster2pillarqueries@metropolitanhrm.co.za](mailto:cluster2pillarqueries@metropolitanhrm.co.za) - Cluster 2  
[cluster3pillarqueries@metropolitanhrm.co.za](mailto:cluster3pillarqueries@metropolitanhrm.co.za) - Cluster 3  
[cluster4pillarqueries@metropolitanhrm.co.za](mailto:cluster4pillarqueries@metropolitanhrm.co.za) - Cluster 4

# Activation of mailboxes in 2 weeks



Thank you



## Questions and Answers

- 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?

*Yes. Please communicate with your Project Manager about this.*

- How often will you collect applications?

*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*

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

*Notify your Project Manager and a later submission date will be arranged, but understand that it will impact on the date of finalisation.*



## 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 applications. Recommendation reports will be emailed to you as and when it is finalised.*

- How often do I get to meet the project manager/s?

*A service level agreement will be drawn up between departments and MHRM 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 STIL, LTIL and IHR applications.*



## Questions and Answers continued...

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

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

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

*Yes, MHRM 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?

*Tavia Pereira – tpereira@metropolitanhrm.co.za*

*Charmaine Masebelanga – cmasebelanga@metropolitanhrm.co.za*

*Thokozane Kunene – tkunene@metropolitanhrm.co.za*

*Roshnee Ramsamy - rramsamy@metropolitanhrm.co.za*



## QUESTIONS AND ANSWERS

### WORKSHOP WITH DEPARTMENTS AND METROPOLITAN HEALTH ON THE DISPOSAL OF THE STOCKPILED PILIR APPLICATIONS



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#### 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 MHRM, they are encouraged to use the days remaining in November and December 2014 to sort out the priority 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 17/6/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 arose 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 finalization 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 declined 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 too ill 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 GEPF regarding the penalties and who will be responsible for the payment thereof?

**Response**

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



**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 PILIR 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 PILIR refer an employee for a further medical examination/second medical opinion. If the employee refuses to subject him/herself to such medical examination despite consent granted, the application will be assessed with the information at hand.

**Que**

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 application with the available 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 state 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**

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

#### Question 24

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

#### Response

Yes, MHRM 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.

#### Question 25

Who do I contact for assistance?

#### Response

Tavia Pereira (Project Administrator) – [lpereira@metropolitanhrm.co.za](mailto:lpereira@metropolitanhrm.co.za)

Charmaine Masebelanga (Project Manager)– [cmasebelanga@metropolitanhrm.co.za](mailto:cmasebelanga@metropolitanhrm.co.za)

Thokozani Kunene (Project Manager) – [tkunene@metropolitanhrm.co.za](mailto:tkunene@metropolitanhrm.co.za)

Roshnee Ramsamy (Project Manager) - [Roshnee\\_Ramsamy@mhg.co.za](mailto:Roshnee_Ramsamy@mhg.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	<a href="mailto:ecpgpilirqueries@metropolitanhrm.co.za">ecpgpilirqueries@metropolitanhrm.co.za</a>
Free State Provincial Administration	<a href="mailto:fspgpilirqueries@metropolitanhrm.co.za">fspgpilirqueries@metropolitanhrm.co.za</a>
Gauteng Provincial Administration	<a href="mailto:gpgpilirqueries@metropolitanhrm.co.za">gpgpilirqueries@metropolitanhrm.co.za</a>
KwaZulu-Natal Provincial Administration	<a href="mailto:kznpgpilirqueries@metropolitanhrm.co.za">kznpgpilirqueries@metropolitanhrm.co.za</a>
Limpopo Provincial Administration	<a href="mailto:lpgpilirqueries@metropolitanhrm.co.za">lpgpilirqueries@metropolitanhrm.co.za</a>
Mpumalanga Provincial Administration	<a href="mailto:mpgpilirqueries@metropolitanhrm.co.za">mpgpilirqueries@metropolitanhrm.co.za</a>
Northern Cape Provincial Administration	<a href="mailto:ncpgpilirqueries@metropolitanhrm.co.za">ncpgpilirqueries@metropolitanhrm.co.za</a>
North West Provincial Administration	<a href="mailto:nwpgpilirqueries@metropolitanhrm.co.za">nwpgpilirqueries@metropolitanhrm.co.za</a>
Western Cape Provincial Administration	<a href="mailto:wcpgpilirqueries@metropolitanhrm.co.za">wcpgpilirqueries@metropolitanhrm.co.za</a>
Cluster 1 National Departments	<a href="mailto:cluster1pilirqueries@metropolitanhrm.co.za">cluster1pilirqueries@metropolitanhrm.co.za</a>
Cluster 2 National Departments	<a href="mailto:cluster2pilirqueries@metropolitanhrm.co.za">cluster2pilirqueries@metropolitanhrm.co.za</a>
Cluster 3 National Departments	<a href="mailto:cluster3pilirqueries@metropolitanhrm.co.za">cluster3pilirqueries@metropolitanhrm.co.za</a>

