



**the dpsa**

Department:  
Public Service and Administration  
REPUBLIC OF SOUTH AFRICA

## Application for Early Retirement Without Reduction of Pension Benefit - 16(6) of the PSA, 1994

### WHAT IS THE PURPOSE OF THIS FORM

**NB:** This form must be completed after reading the DPSA Circular on Early Retirement without reduction of pension benefits (dated 24 February 2019), in conjunction with the accompanying Guidelines from DPSA and NT.

To apply for Early Retirement (ER) without reduction of pension benefits from 1 April 2019 - 31 March 2021 (two years funding applicability period), if you are between the ages of 55- to under 60 years of age. Periods for planning and processing purposes may differ for applicability periods during this two year funding period. The preferred date of exit must be approved by the relevant department based on applicable funding windows. The application period is from 1 April 2019 - 30 September 2019.

This form must be used to apply for ER by an eligible employees. Only eligible employees who fall or will fall within the qualifying age cohort during the applicable two year period may apply.

This form requires basic information for an employee's request to be processed and considered for approval for early retirement.

Please complete all the fields in this form to assist with the approval process.

### WHO SHOULD COMPLETE THIS FORM

Persons who qualify are those between the ages of 55 years but not yet 60 years of age from 1 April 2019 - 31 March 2021 (two years funding applicability period) and wishing to voluntarily apply for Early Retirement without reduction of pension benefits from their applicable government departments.

### ADDITIONAL INFORMATION

After approval and on application to the GEPF, the GEPF will request additional information.

### SPECIAL NOTES

All information is required for decision making in terms of Regulation 26 of the Public Service Regulation (PSR), 2016  
HR offices must provide applicants with ALL the necessary information to support applicants to make informed post retirement decisions.

FOR OFFICE USE	APPLICATION NUMBER (Department generated)						
	ELECTED YEAR FOR EARLY RETIREMENT (X)	2019/20			2020/21		

### PART 1: THE SECTIONS (A-G) ARE TO BE COMPLETED BY THE APPLICANT WITH THE ASSISTANCE OF THE LOCAL HR OFFICE Please denote your selection with a X where applicable

#### SECTION A. PERSONAL INFORMATION

PERSAL Number								TITLE	
SURNAME							INITIALS		
ID NUMBER									
RACE (X)	AFRICAN		COLOURED		INDIAN		WHITE		
GENDER (X)	MALE						FEMALE		
Do you have a Disability?	YES						NO		
RANK							POST LEVEL		
JOB TITLE									
SALARY NOTCH	RANDS								

#### SECTION B. CONTACT DETAILS OF APPLICANT

MOBILE													
TELEPHONE(W)	CODE	NUMBER				TELEPHONE (H)	CODE	NUMBER					
EMAIL						FAX							

RESIDENTIAL ADDRESS										POSTAL ADDRESS									
					CODE										CODE				
<b>SECTION C. PHYSICAL WORK STATION LOCATION OF APPLICANT FOR EARLY RETIREMENT</b>																			
NAME OF DEPARTMENT /GOVERNMENT COMPONENT /ENTITY										NATIONAL DEPARTMENT (X)					PROVINCIAL DEPARTMENT (X)				
NAME OF PROVINCE (If applicable)						NAME OF REGION (If applicable)						NAME OF DISTRICT (If applicable)							
NAME OF PHYSICAL WORKSTATION LOCATION: INSTITUTION/ OFFICE/UNIT																			
<b>CONTACT DETAILS OF SUPERVISOR AT WORKSTATION WHO IS DELEGATED TO RECOMMEND THIS APPLICATION</b>																			
SURNAME					NAME					INITIALS									
JOB TITLE					RANK														
MOBILE																			
TELEPHONE(W)		CODE			NUMBER					TELEPHONE (H)		CODE			NUMBER				
EMAIL					FAX														
<b>SECTION D. ELIGIBILITY CRITERIA FROM 55 YEARS TO UNDER 60 YEARS (1 April 2019 to 31 March 2021)</b>																			
Date of Preferred Exit by <b>Applicant</b> - qualifying age considerations										D	D	M	M	Y	Y	Y	Y		
<b>SECTION E. INFORMATION FOR CONSIDERATION OF APPLICATION</b>																			
Employee Age as at preferred Date of Exit from the Public Service		Y	Y	M	M	Date of Proposed Exit from Employer at workstation level based on service delivery considerations				D	D	M	M	Y	Y	Y	Y		
Number of Years of Pensionable Service at Date of proposed Exit		Y	Y	M	M	Do you have 15 years of actual service by the proposed date of exit? (X)				YES				NO					
Do you have sufficient private financial resources to sustain your post retirement living expenses? (consideration should be given to issues of gratuity and annuity) (X)						YES				NO									
Do you have sufficient private financial resources to sustain your post-retirement medical expenses if you have less than 15 years actual service? (X)						YES				NO									
Have you simultaneously applied to for ill health retirement? (X)						YES				NO									
Do you currently have any debt liabilities with Government –for example bursary commitments or overpayments? (X)						YES				NO									
State the value of such known Debt liabilities					R														
<b>SECTION F. EMPLOYEE MOTIVATION FOR CONSIDERATION [as per s16(6) provision] Attach additional motivation if necessary.</b>																			

**SECTION G. DECLARATION BY APPLICANT**

1. I \_\_\_\_\_ (full names) hereby apply to be retired from the Public Service without reduction of my pension benefits in terms of section 16(6) of the PSA, 1994 as amended by Act 30 of 2007.
2. I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge and that I am eligible to apply for this provision.
3. I understand that any incorrect or incomplete information supplied could lead to my application not being considered for approval.
4. The financial implications of my Early Retirement application were discussed with by me with my HR/Finance section and I understand the full provisions of the ER in terms of s16 (6) of the PSA.
5. I understand that any request or need for my re-employment will be subject to the employer's needs and Public Service Act prescripts, which can only be after I have reached the age of 60 years, as the state has taken on the financial burden of funding my early retirement period between 55-60 years.
6. I understand that once my application has been approved by the final approval authority, I cannot retract my application for early retirement without a reduction in pension benefits.
7. I acknowledge that my application is subject to approval by the executive authority or his/her delegate and should my application be approved I must exit from the public service as agreed.

<b>SIGNATURE OF APPLICANT</b>		<b>DATE</b>	D	D	M	M	Y	Y	Y	Y
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**PART 2: THIS SECTION MUST BE COMPLETED UP BY THE DELEGATED OFFICIAL ACTING ON BEHALF OF THE EMPLOYER**

**SECTION H. EMPLOYER CRITERIA AT WORKSTATION LEVEL**

*Skills Needs and Service Delivery Requirements*

REASONS TO SUPPORT		REASONS NOT TO SUPPORT	
There will be alternative HR contingency planning arrangements with regards to how the existing skills and service delivery requirements will be addressed and met by replacing or supplementing skills deficits within the next two years. Skills transfer has been planned for and addressed.		<ul style="list-style-type: none"> <li>- There is a dire need for the existing skills provided by the applicant and</li> <li>- service delivery will be severely affected and</li> <li>- There are no current contingency plans to replace such skills in the next two years.</li> <li>- Skills transfer has not been planned for and will not be addressed</li> </ul>	
<b>SUPPORTED (X)</b>		<b>NOT SUPPORTED (X)</b>	

*Evaluation of Employee Profile information supplied in SECTIONS C, D, E and F*

REASONS TO SUPPORT		REASONS NOT TO SUPPORT	
Information supplied by the applicant supporting reasons for wanting to exit will have a manageable impact on the employer's service delivery.		Information supplied by the applicant as reasons for wanting to exit, will have a negative impact on the employer's service delivery obligations	
<b>SUPPORTED (X)</b>		<b>NOT SUPPORTED (X)</b>	

**COMMENTS BY EMPLOYEE DELEGATE:**

<b>SIGNATURE of Employer Delegatee at WORKSTATION level responsible for indicating whether application is Supported/ Not Supported</b>		<b>DATE</b>	D	D	M	M	Y	Y	Y	Y
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**SECTION H. EMPLOYER CRITERIA AT ASSESSMENT COMMITTEE LEVEL (ERAC)**

*Skills Needs and Service Delivery Requirements*

REASONS TO SUPPORT		REASONS NOT TO SUPPORT	
There will be alternative HR contingency planning arrangements with regards to how the existing skills and service delivery requirements will be addressed and met by replacing or supplementing skills deficits within the next two years. Skills transfer has been planned for and addressed.		<ul style="list-style-type: none"> <li>- There is a dire need for the existing skills provided by the applicant and</li> <li>- service delivery will be severely affected and</li> <li>- There are no current contingency plans to replace such skills in the next two years.</li> <li>- Skills transfer has not been planned for and will not be addressed</li> </ul>	
<b>SUPPORTED (X)</b>		<b>NOT SUPPORTED (X)</b>	

*Evaluation of Employee Profile information supplied in SECTIONS C, D, E and F*

REASONS TO SUPPORT		REASONS NOT TO SUPPORT	
Information supplied by the applicant supporting reasons for wanting to exit will have a manageable impact on the employer's service delivery.		Information supplied by the applicant as reasons for wanting to exit, will have a negative impact on the employer's service delivery obligations	
<b>SUPPORTED (X)</b>		<b>NOT SUPPORTED (X)</b>	

**COMMENTS BY CHAIRPERSON OF THE ERAC:**

<b>SIGNATURE of CHAIRPERSON of the ERAC responsible for indicating whether application is Supported/ Not Supported</b>		<b>DATE</b>	D	D	M	M	Y	Y	Y	Y
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SECTION J. EMPLOYER CRITERIA AT MODERATION COMMITTEE LEVEL (DERMC)											
<i>Skills Needs and Service Delivery Requirements</i>											
<b>REASONS TO SUPPORT</b>					<b>REASONS NOT TO SUPPORT</b>						
There will be alternative HR contingency planning arrangements with regards to how the existing skills and service delivery requirements will be addressed and met by replacing or supplementing skills deficits within the next two years. Skills transfer has been planned for and addressed.					<ul style="list-style-type: none"> <li>- There is a dire need for the existing skills provided by the applicant and</li> <li>- service delivery will be severely affected and</li> <li>- There are no current contingency plans to replace such skills in the next two years.</li> <li>- Skills transfer has not been planned for and will not be addressed</li> </ul>						
<b>SUPPORTED (X)</b>					<b>NOT SUPPORTED (X)</b>						
<i>Evaluation of Employee Profile information supplied in SECTIONS C, D, E and F</i>											
<b>REASONS TO SUPPORT</b>					<b>REASONS NOT TO SUPPORT</b>						
Information supplied by the applicant supporting reasons for wanting to exit will have a manageable impact on the employer's service delivery.					Information supplied by the applicant as reasons for wanting to exit, will have a negative impact on the employer's service delivery obligations						
<b>SUPPORTED (X)</b>					<b>NOT SUPPORTED (X)</b>						
<b>COMMENTS BY CHAIRPERSON OF THE DERMIC BEFORE RESPONSE FROM CAC:</b>											
<b>SIGNATURE of CHAIRPERSON of the DERMIC responsible for indicating whether application is Supported/ Not Supported</b>				<b>DATE</b>		<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>
<b>RECOMMENDATION AND COMMENTS BY CHAIRPERSON: AFTER RESPONSE FROM CAC</b>											
<b>RECOMMENDED</b>					<b>NOT RECOMMENDED</b>						
<b>SIGNATURE of CHAIRPERSON of the DERMIC responsible for indicating whether application is Recommended/ Not Recommended</b>				<b>DATE</b>		<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>
<b>SECTION K. FINAL APPROVAL OF APPLICATION ( For Official Delegatee i.t.o. s16(6) Approval)</b>											
All information has been assessed as correct and factual as moderated											
<b>COMMENTS BY THE FINAL APPROVING AUTHORITY</b>											
<b>APPROVED (X)</b>					<b>NOT APPROVED (X)</b>						
<b>SIGNATURE of FINAL APPROVING AUTHORITY</b>				<b>DATE</b>		<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>
END											