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5.9 Professional body(ies) registered with (if applicable)

5.9.1 Name of professional body 1

5.9.2 Registration number at professional body 1

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5.9.3 Name of professional body 2

5.9.4 Registration number at professional body 2

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5.9.5 Name of professional body 3

5.9.6 Registration number at professional body 3

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5.10 Job functions (Key performance areas, as contained in the job description of the applicant)

SECTION B: WORKING HOURS (TO BE COMPLETED BY THE APPLICANT)

1. Current working hours of the applicant (per week)

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2. Call/standby duties hours (per week)

--	--

3. Current overtime hours worked (per month)

--	--

SECTION C: APPLICATION FOR OTHER REMUNERATIVE WORK (TO BE COMPLETED BY THE APPLICANT)

1. Please select the category of other remunerative work applying for (tick only one option)

Category of Work (please tick appropriate box)	
Administrative and Support Service Activities (including Secretarial Services)	<input type="checkbox"/>
Architecture, Planning and Surveying	<input type="checkbox"/>
Building Construction	<input type="checkbox"/>
Consultancy Work	<input type="checkbox"/>
Design (Textiles, Graphics)	<input type="checkbox"/>
Engineering and Mechanical Repairs	<input type="checkbox"/>
Farming and Breeding	<input type="checkbox"/>
Fashion Design/Sewing	<input type="checkbox"/>
Financial Industry (including Money Lending, Insurance, Accounting Services, Broker)	<input type="checkbox"/>
Fitness Industry (including Gym, Yoga, Pilates and Karate Instructor)	<input type="checkbox"/>
Health Professionals	<input type="checkbox"/>
Sub Categories of Health Professionals:	<input type="checkbox"/>
Medical Doctors	<input type="checkbox"/>
Nursing and Midwifery Professionals	<input type="checkbox"/>
Traditional and Complementary Professionals	<input type="checkbox"/>
Paramedical Practitioners	<input type="checkbox"/>
Sport Scientists (Physiotherapist, etc.)	<input type="checkbox"/>
Veterinarians	<input type="checkbox"/>
Other Health Professionals (Psychologists, etc.)	<input type="checkbox"/>
Hospitality Industry (including Catering, Baking, Tavern Owner and Restaurants)	<input type="checkbox"/>
Import and Export Business	<input type="checkbox"/>

Information and Communication (including Call Centre/Contact Centers, programming)	
Logistics, Transport and Storage (including Shuttle Services, Travel Agency)	
Manufacturing Mining Construction	
Real Estate (including Renting of Properties, Selling and Listing of Properties)	
Retail and Wholesale Trade	
Sales and Marketing (including Advertising, Public Relations and Promotion, as well as direct marketing of Cosmetics, Jewellery, Health Products)	
Security Industry	
Sports Recreation and Cultural (including Dancer, Musician, Singer)	
Training Research and Development (including Lecturing and Tutor)	
Pastoral Services (Religious Leader, Reverent, Priest, etc.)	
Funeral Services	

2. Describe in detail the nature of the work that will be performed

3. Dates for performing other remunerative work

3.1 Planned start date of other remunerative work (Note that permission is only granted for a maximum period of 12 calendar months)

y	y	y	y	m	m	d	d
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3.2 Planned end date of other remunerative work

y	y	y	y	m	m	d	d
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3.3 Specify the days of the week and specific hours that work will be performed

Day	Working hours (e.g. 05:00 to 06:00 and 18:00 to 21:00)
Monday	
Tuesday	

8.2 Initials

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8.3 Contact number of business/organisation

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8.4 Contact number of person you will be reporting to

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SECTION D: DECLARATION (TO BE COMPLETED BY THE APPLICANT)

I, _____ (full name), hereby confirm that the information supplied in this application form is correct and undertake to assist my department in meeting its service delivery demands, including overtime commitments (if applicable), which includes being on call/standby (if applicable) as scheduled. I acknowledge that my first commitment is to meet the operational objectives of my department.

I confirm that my performance of other remunerative work will in no way interfere with my commitments to my department.

I confirm that my performance of other remunerative work will not take place during the hours I am required for duties as agreed in my employment contract.

I confirm that I will not use any state resources for the purpose of performing other remunerative work.

I accept that I shall not conduct business with any organ of the State, either in person or as part of an entity (including non-profit organisations).

I accept that permission to perform other remunerative work is only granted for the time agreed upon (and reflected on the certificate of approval), and that it only applies to the services/types of remunerative work as indicated in this application form.

I accept that, should I wish to continue with such remunerative work, I must renew my application (where approval is sought for a 12-month period and the intention is to continue with the other remunerative work) before it expires, by submitting a new application form at least 30 days before expiry.

I accept that non-compliance with any of the conditions, monitoring or control measures pertaining to other remunerative work may lead to disciplinary action and that the sanction imposed includes forfeiture of remuneration and/or benefits gained by such non-compliance.

I accept that the normal policies and measures governing discipline also apply in terms of non-compliance with the other remunerative work policy and measures.

I agree to abide by any control measures applicable to the other remunerative work system, including that it may be required of me to sign in and out each time I enter or exit the institution where I perform my basic or overtime duties.

I agree to attach the certificate of approval when disclosing my financial interests, if applicable.

I acknowledge that the Executive Authority can, at any time, terminate my authorisation to perform other remunerative work, based on a change in operational requirements and/or a lack of performance on my part.

Signature of Applicant: _____

Designation: _____

Date:

y	y	y	y	m	m	d	d
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After completing the form and signing the above (sections A-D), please present it to the supervisor for comments (see section E below). Thereafter submit it to the Ethics Officer for further administrative processing and submission to the Executive Authority/Delegated Official.

SECTION E: RECOMMENDATIONS (TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR)

1. Recommendation by Supervisor

1.1 Application is Supported/Not supported

1.2 Motivation for recommendation / reasons for not supporting

Signature of Supervisor: _____

Designation: _____

Date:

y	y	y	y	m	m	d	d
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SECTION F: RECOMMENDATIONS – (TO BE COMPLETED BY THE ETHICS OFFICER)

1. Application is supported/not supported

2. Motivation for recommendation

If not supported please state reason(s):

Reason(s)	Tick
Conflict of interest	
Organisational requirements (work load)	
Impacting negatively on the employee's performance	
Contravening provisions in the Code of Conduct	
Involving the use of State resources to perform other remunerative work (including telephone, fax, email, etc.)	
Prevents the employee from placing their time at the disposal of the State	

Signature of Ethics Officer: _____

Designation: _____

Date:

y	y	y	y	m	m	d	d
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SECTION G: APPROVAL (TO BE COMPLETED BY THE EXECUTIVE AUTHORITY OR DELEGATED AUTHORITY)

1. Application is Approved/Not approved

2. Comments

Signature of Executive Authority/Delegated Official: _____

Date:

y	y	y	y	m	m	d	d
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APPROVAL CERTIFICATE: OTHER REMUNERATIVE WORK

Permission is hereby granted to

(_____ employee _____)
(_____ persal no/ID No _____)

to perform other remunerative work outside (_____ the department _____).

The following work will be conducted:

(Short description, indicating the type of work, the name and type of business activity, name of employer and the amount of remuneration to be received)

Period: _____ to _____ (maximum 12 months)

Please note:

Permission is only granted for the work indicated above.

If it is to be discovered that you are not adhering to Government prescripts regulating other remunerative work, your permission will be withdrawn and disciplinary steps will be instituted. If you wish to continue with other remunerative work after the expiry of the approved date, a further application must be submitted.

(Executive Authority/Delegated Authority)

Date:



Register: OTHER REMUNERATIVE WORK

No	Name and Surname	Type of work applied for	Name, type and nature of business activity of the employer	Amount of the remuneration received for such work	Date of application	Date official was informed of EA decision	Outcome A = Approved I = in Process R = Rejected W = Withdrawn	Reason for rejection	Remedial action (if applicable, e.g. Disciplinary)
1.	J Jobs	Sales	JJ Solutions, Closed Corporation providing IT services, Active Director	R 230 234,00	01/02/2023	19/02/2023	R	Conflict of Interest	None



Ref:

TO: Name of applicant

FROM: Name of ethics officer/ relevant official

DATE: 20../...../.....

APPLICATION FOR REMUNERATIVE WORK

Your application for remunerative work was received and will be processed.

Please note that the 30 days turnaround time for approval by the EA/delegated authority to approve your application, as specified in section 30(3)(a) of the Public Service Act, 1994, as amended, commences on the date reflected on this document.

Kind regards,

xxxxxxx

HEAD OF ETHICS OFFICE

DATE: _ / _ / _



Monitoring Report: OTHER REMUNERATIVE WORK

MONITOR REPORT : REFERENCE

Name of Monitoring Officer (Ethics Officer): _____

Date and place of monitor: _____

SECTION A: INFORMATION ON EMPLOYEE PERFORMING ORW

Name: _____

Surname: _____

Persal Number: _____

Contact Number(s): _____

ID: _____

Department/Component/Unit: _____

Town/City: _____

Region: _____

Supervisor: _____

Contact Number(s): _____

SECTION B: INFORMATION PERTAINING TO WORK PERFORMED

Type of remunerative work performed: _____

Expected/received/declared income: _____

Authorisation date: _____

Period of approval: _____

Date of previous monitor: _____

SECTION C: GENERAL OBSERVATIONS

1. Does the person have a certificate? (If not, state reason):

SECTION D: INTERVIEW WITH THE EMPLOYEE:

1. Does the nature of the business performed create any conflict of interest? Explain

2. Were all your interests in this venture declared to the Department?

3. Does the business that you perform affect your performance at work?

4. Does the business that you perform affect your professional conduct in a negative way?

5. In performing other remunerative work, have you ever - either in personal capacity and/or as part of a business venture - conducted business with this or any other government department? If yes please explain.

6. Has the status of your business changed since its inception? If yes explain.

7. Do you preside over any tender bidding committees? If yes explain.

8. Are you aware of Governments' policy on performing other remunerative work?

9. Are you aware of the provisions in the Public Service Act, the Public Service Regulations and Public Administration Management Act with regards to remunerative work?

10. Did you ever attend an advocacy session or any other briefing related to other remunerative work, conducted by the Ethics Office: _____

SECTION E: INTERVIEW WITH THE APPLICANTS' SUPERVISOR:

1. Are you aware that the employee has authorisation to conduct other remunerative work? _____

2. Are you satisfied that the other remunerative work as performed by the employee does not pose a conflict of interest?

3. Are you satisfied that the conduct of the employee in terms of performing other remunerative work is not impacting on his/her performance?

4. Did you receive or dealt with any complaints pertaining to the conduct of the employee regarding his/her performance of other remunerative work? _____

5. Are you satisfied that the employee is not misusing or abusing State assets or time to perform / support his interests outside the department, such as telephones, facsimiles, etc? _____

COMMENTS:

RECOMMENDATIONS:

XXXXXXXXX
(MONITORING OFFICER)
ETHICS OFFICE

DATE:

APPROVED/NOT APPROVED

XXXXXXXX
HEAD OF ETHICS OFFICE
DATE:

Referral for investigation: Y/N

Referral for Ethics Committee: Y/N