

ANNEXURE C

Inquiry :
Telephone :
File :

M _____

Dear M _____

APPLICATION FOR TEMPORARY INCAPACITY LEAVE

1. Receipt of your application dated _____ is hereby acknowledged.
2. The Head of Department in terms of the authority vested in him/her in terms of the *Determination on Leave of Absence in the Public Service* **conditionally** approves temporary incapacity leave for the period from _____ to _____ with full pay, subject to the outcome of an investigation into the nature and extent of the illness/injury described in your application referred to above.
3. Your above-mentioned application is forwarded in terms of the *Management Policy and Procedure on Incapacity Leave for Ill-health Retirement for Public Service Employees* to the Health Risk Manager for an objective assessment and recommendation. Cognisance must be taken of the fact that-

- 3.1. your sick leave history, i.e. the usage of your normal sick leave, will be taken into account in arriving at a final decision in respect of this application; and
- 3.2. you may be required as part of the above-mentioned process to subject yourself for (a) further medical examination(s) by (a) medical practitioner(s) of the employer's choice. The employer will carry the cost of such examination. The Health Risk Manager will select on behalf of the employer the medical practitioner and make the necessary appointment. It must be noted however that if you-
 - 3.2.1. fail to honor such an appointment, you will be held liable for the fruitless expenditure incurred and/or
 - 3.2.2. refuse to subject yourself to such (a) medical examination(s), your application shall immediately be declined.

The Head of Department will not hesitate to impose disciplinary action if necessary.

4. The Head of Department shall-
 - 4.1. within 30 working days from the date of receipt of the Health Risk Manager's recommendation, and based upon the recommendation from the Health Risk Manager, investigate the nature and extent of your incapacity, your inability to perform your normal duties, and the necessity to adapt your duties or work circumstances, and/or to accommodate you in alternative employment; and
 - 4.2. shall, based upon the outcome of the above-mentioned investigation, take a final decision on your application for incapacity leave for the period mentioned in paragraph 2 above. To this end you are reminded that depending on the outcome of the above-mentioned investigation, the Head of Department may decide-
 - 4.2.1. not to grant you the temporary incapacity leave for which you applied, in which case the period conditionally granted as incapacity leave shall be cancelled and the period shall be covered by annual leave, or if you do not have sufficient annual leave credits available, unpaid leave; or
 - 4.2.2. to grant you the period you applied for as temporary incapacity leave in which case the period conditionally granted will be converted into incapacity leave.

Kind regards

DIRECTOR-GENERAL/HEAD OF DEPARTMENT