



the dpsa

Department:
Public Service and Administration
REPUBLIC OF SOUTH AFRICA

Private Bag X916, PRETORIA, 0001 Tel: (012) 336 1000, Fax: (012) 326 7802
Private Bag X9148, Cape Town, 8000. Tel: (021) 467 5120, Fax: (021) 465 5484

Enquiries : Ms Joey Hlongwane
Tel No. : 012-336 1115
Fax No : 0865171689/012 3361817
File : 17/2/P

TO HEADS OF ALL DEPARTMENTS AND PROVINCIAL ADMINISTRATIONS

For attention: Heads of Corporate Services/Human Resources

IMPLEMENTATION OF THE POLICY AND PROCEDURE ON INCAPACITY LEAVE AND ILL-HEALTH RETIREMENT::SIGNING OFF OF SIGN OFF/CHECK SHEETS FOR INVOICING PURPOSES AND THE APPLICATION OF THE UNIQUE CASE NUMBER.

1 SIGNING OFF OF SIGN OFF/CHECK SHEETS FOR INVOICING PURPOSES

- 1.1 As you are aware the dpsa is responsible for the payment of services rendered by the respective Health Risk Managers. The invoicing and payment process were explained during the meetings of the respective Steering Committees as well as in circular 1/6/2/P dated 31 July 2006. Departments were therefore specifically requested in the said circular to sign off on the sign off or check sheet provided by the relevant Health Risk Manager to certify that the service was rendered. The Health Risk Manager in turn will utilise this signed sign off or check sheet as supporting evidence to invoice the dpsa.
- 1.2 It recently came to light that Departments are at fault in that they are either not signing off or unnecessarily delaying signing the sign off/check sheets for the completed assessments received back from the Health Risk Manager. You are kindly reminded to without delay sign off on these sign off/check sheets. If there are any discrepancies with some cases (e.g. you have not received the assessment back in your offices yet or the employee depicted on the sheet is from another Department),

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you are urged to scratch the case in point, whilst you proceed certifying that services were rendered in respect of the remainder of the cases by signing the sign off/check sheet. The signed sign off/check sheet must be returned within 48 hours/two working days to the Health Risk Manager in order for it to invoice the dpsa accordingly. It must be borne in mind that in terms of the contract between the dpsa and the Health Risk Manager payment is due after the consultancy service was rendered. In other words the Health Risk Manager assessed the case and provided the Department with advice by means of an assessment report in respect of a particular application and not after your internal decision-making processes.

- 1.3 Any undue delays in the above-mentioned process has a detrimental effect on the project at large as continuous services by the Health Risk Manager are compromised, as well as the proper management of the PILIR budget.
- 1.4 You are further reminded that the sign off referred to above is to be conducted by the departmental champion, his/her alternate or the assigned liaison officer. If you have any uncertainty in respect of this process, please do not hesitate to contact the dpsa for advice.

2 THE APPLICATION OF THE UNIQUE CASE NUMBER

- 2.1 As you are now aware, it is required that you have to assign a unique case number in respect of each application. The unique case number is key and serves multiple purposes for Departments, and the Health Risk Manager, as well as the dpsa:
 - 2.1.1 The unique case number assists with the cross checking of the flow of cases between the Departments and the Health Risk Manager.
 - 2.1.2 It further facilitates the signing off of the sign off/ check sheets, referred to above, and the subsequent invoicing to the dpsa and the verification of invoices.
 - 2.1.3 The dpsa also envisages utilising this unique case number in statistical analysis.
- 2.2 The unique case number comprises of different parts representing different pieces of information in a specific sequence, e.g.: GDE/L/20061108/12345678/1. Since Departments seemingly grapple with this concept, we wish to remind you of the correct composition thereof, as well as the different parts of the unique case number.
 - 2.2.1 The first letter depicts the Province, e.g. 'G' for the Gauteng Provincial Administration;
 - 2.2.2 The second set of letters depicts the Department of origin; e.g. 'DE' depicts the Department of Education. In the event where the PILIR function is decentralised to a regional office a number could be added to the set of letters that would represent the respective regional offices, e.g. DE1 or DE2, etc.

- 2.2.3 The third set of letters depicts the type of application e.g. 'S' for Short Temporary Incapacity Leave; 'L' for Long Incapacity Leave and 'R' for Ill-Health Retirement.
- 2.2.4 The fourth set of information depicts the first date of the absence of the employee in the case of an incapacity leave application or the last day at work in the case of an ill-health retirement. However, if the employee submits an ill-health retirement application whilst still at work, the date of the application must be utilised.
- 2.2.5 The fifth set of information will be the employee's Persal number e.g. 10771891.
- 2.2.6 The last set of information is a counter of all the incapacity leave applications of the employee concerned per incapacity leave type, for example:


GDE/L/20060910/12345678/1

GDE/L/20061108/12345678/2

GDE/S/20070405/12345678/1

Please keep in mind that the counter is permanently sequential and does not reset to 1 at the start of a new sick leave cycle. In other words the number sequencing in 2007 must simply continue from the number commenced with in 2006.

- 3 Since prompt payments are essential in ensuring continuous service delivery, your kind and diligent co-operation are highly appreciated


For **DIRECTOR-GENERAL**
DATE: 9 Aug 2007