

WESTERN CAPE EDUCATION DEPARTMENT

**NOTICE OF RESIGNATION OR DEATH
APPLICATION FOR PAYMENT OF PENSION BENEFIT**

The following should be carefully noted before this form is completed:

- (a) This form must be completed in triplicate.
- (b) In terms of the provisions of section 84 of the Education Ordinance, 1956, a teacher must give at least a calendar quarter's notice of his/ her intention to resign his/ her post.
- (c) On receipt of this notice the principal must submit the original plus one copy to the department and the second copy to the school governing body.
- (d) When a teacher dies, item 3 of this notice must be completed by the principal and sent directly to the department.
- (e) Application for payment or transfer of the pension benefit must be made only when a teacher leaves the service of the department.
- (f) Application for retirement on pension must be made on the prescribed form E.54.

The Principal

(1) **NOTICE OF RESIGNATION**

I, the undersigned, hereby tender my resignation as a teacher.

Surname _____ Full names _____
 Date of birth _____ I.D. number _____
 Personnel number _____

Last day of service _____ Was a 100% housing loan granted to you? YES/ NO

Are/ were you a bursary holder? YES/ NO IF yes, which education department awarded the bursary? _____

Do you or did you previously have a commitment with the State/ Provincial Administration in respect of study/ military leave? YES/ NO

Future permanent address _____

REASON FOR RESIGNATION (Please indicate with a (?))

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> (a) Accepting another post under WCED (If so, indicate name of school) _____ <input type="checkbox"/> (b) Accepting post under another education dept. _____ <input type="checkbox"/> (c) Accepting post at University/ College _____ <input type="checkbox"/> (d) Termination of temporary appointment _____ <input type="checkbox"/> (e) Discharge _____ <input type="checkbox"/> (f) Family reasons (transfers, other family commitment etc. but excluding marriage.) _____ <input type="checkbox"/> | <ul style="list-style-type: none"> (g) Marriage _____ <input type="checkbox"/> (h) Death _____ <input type="checkbox"/> (i) Emigration _____ <input type="checkbox"/> (j) Joining another state dept. _____ <input type="checkbox"/> (k) Joining the private sector _____ <input type="checkbox"/> (l) Other reasons _____ <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- Specify _____

(2) **APPLICATION FOR PAYMENT OR TRANSFER OF PENSION BENEFIT**

I request that my pension benefit

- | | |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> (a) be paid into bank or building society | <ul style="list-style-type: none"> (b) be transferred to (state name of department/ institution) |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
- Name _____
 Address _____

Account number _____ DATE _____ SIGNATURE _____

(3) **NOTICE OF DEATH**

(To be completed by the principal)

- (a) Name of deceased in full _____
- (b) Date of Death _____
- (c) Relationship and name and address of next-of-kin _____

DATE _____ SIGNATURE _____

(4) **ENDORSEMENT:**

Forwarded for your attention
 Head Education : WCED
 Private Bag X9114
 CAPE TOWN 8000

DATE STAMP

NAME OF SCHOOL _____

SIGNATURE OF PRINCIPAL/ CIRCUIT MANAGER _____