



REPUBLIC OF SOUTH AFRICA

REAPPLICATION FORM FOR PERMISSION TO PERFORM OTHER REMUNERATIVE WORK IN TERMS OF SECTION 30 OF THE PUBLIC SERVICE ACT, 1994

This reapplication form is designed for the reapplication of ORW where there have been no changes in Other Remunerative Work that was previously approved¹

SECTION A: DETAILS OF APPLICANT

1. Surname:
2. First names:
3. Persal number:
4. ID Number:
5. Designation:
6. Salary level:

Please answer the following validation questions.

SECTION B: VALIDATION QUESTIONS

1. **Has there been any change in your job functions since your last ORW approval?**
 - No [] (proceed to the next question)
 - Yes [] (this form is not for you). Please complete the standard ORW application form.
2. **Have there been any changes in your arrangements for other remunerative work (e.g work, days committed, hours, etc. – check boxes)?**
 - No [] (proceed to complete the rest of the form).
 - Yes [] (this form is not for you). Please complete a standard ORW application form.
3. **Attach the previous application form and certificate of approval.**

¹ *situation and the employee's work duties, role, and responsibilities.*

SECTION C: DECLARATION BY THE APPLICANT

I,

(full name(s) and surname)

hereby confirm that:

1. the information supplied in this application form is correct;	
2. my performance of other remunerative work will in no way interfere with my commitments to the department, my duties and responsibilities as an employee;	
3. my performance of other remunerative work will not take place during the hours I am required for duty as agreed in my employment contract;	
4. I will not use any state resources for the purpose of performing other remunerative work;	
5. I shall not conduct business with any organ of the state, either in person or as part of an entity (including non-profit organisations);	
6. I will only be involved in the other remunerative work I have applied for; and	
7. this application has been discussed with my supervisor.	

I understand and acknowledge that:

8. my first commitment is to meet the operational objectives of my department and undertake to assist, to the best of my ability, the department in meeting its service delivery demands, including overtime commitments (if applicable) and being on call/standby (when applicable) as scheduled.	
9. permission to perform other remunerative work is only granted for the work applied for and time agreed upon (and reflected on the certificate of approval);	
10. should I wish to continue with such other remunerative work, I must submit a new application at least 60 days before expiry of the approved one;	
11. 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 may include forfeiture of other remunerative work approval, remuneration and/or benefits gained;	
12. the normal policies and measures governing discipline also apply in terms of non-compliance with the other remunerative work policy and measures; and	
13. the Executive Authority or delegated authority can, at any time, terminate my authorisation to perform other remunerative work, based on a change in operational requirements and/or poor performance on my part.	

I agree to:

14. 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; and	
15. attach the certificate of approval when disclosing my financial interests, if applicable.	

Name and surname

Designation

Signature of Applicant

Date

After completing the form and signing the above (sections A-C), please present it to the supervisor for further administrative processing and submission to the Executive Authority/Delegated Official.

SECTION D: RECOMMENDATION BY IMMEDIATE SUPERVISOR

I (name and surname of the supervisor),

confirm that:

- 1. I am the immediate supervisor of (name and surname of the applicant); and
- 2. The applicant discussed his/her reapplication for other remunerative work with me;
- 3. There is no change in the employee's work duties, role, and responsibilities in the Department.

RECOMMENDATION

Recommendation

The reapplication is supported. The ORW did not interfere with the employee's performance of duties and I do not have any reason to believe that it will do so in the future. In case that happens, I will immediately inform the Ethics Officer and institute a disciplinary process.

Recommendation with Conditions:

The proposed reapplication is recommended with the following conditions:

The employee must demonstrate that they have made the necessary adjustments. Additionally, ongoing discussions with the supervisor regarding these adjustments should be maintained to ensure successful implementation.

Not recommended:

The proposed reapplication is not recommended. The previous performance of the ORW interfered with the employee's primary job responsibilities and/or organizational goals.

[Provide details of how the employee's functions have been affected].

Name and surname

Designation

Signature of Supervisor

Date

SECTION E: RECOMMENDATION BY THE ETHICS OFFICER

[] ORW recommended:

The proposed ORW reapplication meets all ethics and integrity requirements, and there are no identified conflicts of interest or unethical conduct that may compromise the employee's official duties or the public interest.

[] Recommendation with Conditions:

The proposed reapplication is recommended with the following conditions:

The employee must demonstrate that they have made the necessary adjustments. Additionally, ongoing discussions with the supervisor regarding these adjustments should be maintained to ensure successful implementation.

[] ORW not recommended:

The proposed ORW reapplication is **not recommended**. [Provide reasons for the recommendation below]

Name and surname

Signature of Ethics Officer

Designation

Date

SECTION F: APPROVAL BY THE EXECUTIVE AUTHORITY OR DELEGATED AUTHORITY

1. The application is:

Approved Not approved

2. Reasons for not granting permission:

Signature of Executive Authority / Delegated Official

Designation

Date