



**NOMINATION FOR AN ACTING APPOINTMENT WITH A FINANCIAL IMPLICATION:
INSTITUTION-BASED EDUCATORS**

A. IMPORTANT NOTICE

This form must be completed by the principal, in collaboration with the school governing body and the educator nominated for an acting appointment. The completed form must be approved by the IMG manager before it is submitted to the Director: HRM for payment. **The nominee may assume duty only after approval by the IMG manager.** All nominations must be received prior to commencement of the period of employment in an acting capacity.

B. INSTITUTION

Name of institution:	
Circuit:	
District office:	

C. PARTICULARS OF POST

Post title:	
Reason for vacancy:	
Period of appointment in acting capacity:	

D. DETAILS OF APPLICANT NOMINATED TO ACT

Surname:	
First names:	
Persal number:	
Current job title:	

I, , hereby accept the nomination to act in the post for the period stipulated in Section C above.

..... SIGNATURE DATE
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E. NOMINATION

This serves to confirm that the nominee qualifies for the acting appointment in all aspects, in terms of HR Management Minute 05/2013, and for a period not exceeding 12 months.

	Name:	Signature:	Date:
Principal:			
SGB Chairperson:			

School's stamp :	Motivation (if required):

F. DECLARATION BY DELEGATED AUTHORITY: IMG MANAGER / CIRCUIT TEAM MANAGER

Nomination for acting appointment verified and

Approved

Not approved

Amended

Comments:

IMG Manager / Circuit Team Manager

Date

G. VERIFICATION BY ESTABLISHMENT MANAGEMENT

Is this post, for which the nomination is made, vacant and funded? (Circle the appropriate answer.)

Yes

No

Has the acting record been checked at # 4.6.30? (Circle the appropriate answer.)

Yes

No

Will this acting appointment exceed 12 months? (Circle the appropriate answer.)

Yes

No

Comments:

Head: Establishment Administration

Date

H. VERIFICATION BY HRA: MULTIFUNCTIONAL TEAM

Has the acting allowance been processed on PERSAL? (Circle the appropriate answer.)

Yes

No

Has the letter, notifying the nominee that the acting allowance was approved, been sent, via the institution head? (Circle the appropriate answer.)

Yes

No

Comments:

Assistant Director: MFT

Date