Western Cape Government
Education

Directorate: Recruitment and Selection
DHM03

NOMINATION FOR AN ACTING APPOINTMENT WITH A FINANCIAL IMPLICATION: PUBLIC SERVICE STAFF AT SCHOOLS

A. IMPORTANT NOTICE	
This form must be completed by the principal/head of the institution, in collaboration with the governing body and employee nominated for an acting appointment, and submitted via the circuit manager for approval to the delegated authority. **The nominee may only assume duty after approval from the delegated authority.** All nominations must be received prior to the commencement of the acting period.	
B. INSTITUTION	
Name of institution:	
District office:	
C. PARTICULARS OF POST	
Post title:	
Reason for vacancy:	
Period of acting appointment:	
D. DETAILS OF APPLICANT NOMINATED TO ACT	
Surname:	
First names:	
Persal number:	

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

…… ……
SIGNATURE DATE

E. NOMINATION

This serves to confirm that the nominee qualifies for the acting appointment in all aspects in terms of Circulars 0003/2013, 0010/2010, 0142/2003 and 0103/2002.

	Name	Signature	Date
Principal:			
Governing body chairperson:			
School stamp	**Motivation:** (if required)		

F. RECOMMENDATION BY CIRCUIT MANAGER		
The nomination for an acting appointment was verified and is recommended	**Yes**	**No**
Comments: SIGNATURE OF CIRCUIT MANAGER: DATE:		

G. RECOMMENDATION BY DISTRICT DIRECTOR		
The nomination for an acting appointment was verified and is recommended	**Yes**	**No**
Comments: SIGNATURE OF DISTRICT DIRECTOR: DATE:		

H. VERIFICATION BY ESTABLISHMENT MANAGEMENT		
The post, in which the nomination for an acting appointment is made, is vacant and funded	**Yes**	**No**
Comments: SIGNATURE OF HEAD: ESTABLISHMENT ADMINISTRATION: DATE:		

I. DECLARATION BY DIRECTOR: RECRUITMENT AND SELECTION

Nomination for acting appointment:

Supported Not supported Amended

Comments:

SIGNATURE OF DIRECTOR: RECRUITMENT AND SELECTION: DATE:

J. DECLARATION BY DELEGATED AUTHORITY

Nomination for acting appointment:

Approved Not approved Amended

Comments:

SIGNATURE OF CHIEF DIRECTOR: PEOPLE MANAGEMENT PRACTICES: DATE: