

REQUEST TO EMPLOY A TEMPORARY SALARIED EMPLOYEE, A DAILY RATED WORKER OR A CONTRACT EMPLOYEE

NAME OF PROPOSED EMPLOYEE: _____
(Person is to complete a Job Application (PSC Form 3-2), which is to be attached)

IS THE PERSON TO BE EMPLOYED IN AN ESTABLISHED POST: YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS:

POST TITLE: _____

POST NUMBER: _____ **POST LEVEL:** _____
(Please attach a copy of the approved job description form)

IF NOT AN ESTABLISHED POST, PLEASE PREPARE DRAFT JOB DESCRIPTION AND ATTACH TO THIS REQUEST FORM

REASONS WHY IT IS NECESSARY TO EMPLOY THIS ADDITIONAL STAFF MEMBER:

HOW WAS THE PROPOSED EMPLOYEE SELECTED?

IS THE PERSON TO BE EMPLOYED AS A (Place a cross in the appropriate box)

TEMPORARY SALARIED EMPLOYEE (generally applicable where there is an established position and a person is required to cover the absence of an officer on leave or to fill a temporary vacancy pending recruitment action – **maximum period of employment is 6 months**)

DAILY RATED WORKER (Applicable where there is no established position and the work to be performed by reason of its temporary, fluctuating or special nature does not warrant the employment of a permanent officer – maximum period of employment is 3 years – **an approved financial visa is to be attached to this Request Form for proposed periods of employment in excess of 6 months**)

CONTRACT EMPLOYEE (Applicable where it is necessary to employ **short term specialist services**; generally where there is no established position and where it is inappropriate for a person to be employed on a permanent basis – **maximum period of employment is 6 months**)

Note: If it is proposed to employ the person as a contract employee, please complete an Agreement of Service which is to be duly signed by the Director-General and the contractor and attach to this Request Form.

PROPOSED PERIOD OF EMPLOYMENT: FROM _____ **TO** _____
NOTE: EMPLOYEE MUST NOT COMMENCE DUTY PRIOR TO OBTAINING THE APPROVAL OF THE OPSC

PROPOSED SALARY LEVEL: VT (Equivalent to P OR C)
(Insert relevant salary scale eg P12.1 or C2.2)

CERTIFICATION

I hereby certify that:

- (1) The employment of this person is essential for the Department to maintain an adequate level of service delivery to our clients;
- (2) Funds are available to cover the cost of salary for the full period of the proposed period of employment; and

DIRECTOR

Name of Director: _____

Signature: _____

Name of Department: _____

Date: _____

DIRECTOR-GENERAL

I support the Director's request.

Name of Director-General: _____

Signature: _____

Name of Ministry: _____

Date: _____

TO BE COMPLETED BY THE SECRETARY, OPSC

Approved: **Yes** **No** (Place a cross in the appropriate box)

SECRETARY

Name: _____

Signature: _____ Date: _____

OPSC OFFICE USE ONLY

Ministry advised of decision on: _____

Temporary Salaried Employee or Daily Rated Worker Job Offer Letter issued and a copy forwarded to the Ministry on: _____

OR

Signed Agreement of Service (for contract employee) forwarded to Ministry on: _____