



OFFICE OF THE DIRECTOR: HUMAN RESOURCE ADMINISTRATION

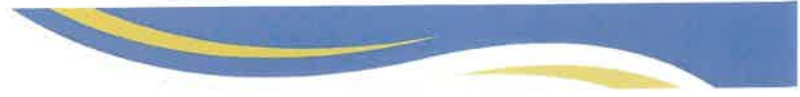
Steve Vukile Tshwete Complex, Zone 6 Zwelitsha, , Bhisho, 5605 REPUBLIC OF SOUTH AFRICA:
Enquiries: Ms BM Madonsela Tel: 040 608 4228 . Email: buhie.madonsela@ecdoe.gov.za
Website: www.ecdoe.gov.za

TO	DEPUTY DIRECTOR GENERALS CHIEF DIRECTORS DIRECTORS DEPUTY DIRECTORS DISTRICT DIRECTORS DEPUTY DIRECTORS: HRA&P CIRCUIT MANAGERS SCHOOL PRINCIPALS ALL EMPLOYEES IN THE DEPARTMENT
FROM	ACTING DIRECTOR: HRA
SUBJECT	NOMINATION OF BENEFICIARIES BY AN EMPLOYEE FOR THE PAYMENT OF LEAVE GRATUITY
DATE	23 AUGUST 2024

1. An agreement on remuneration allowance and benefits was signed in the Public Service Co-ordinating Bargaining Council (PSCBC) which, inter alia, provided for a new leave dispensation for Public Service.
2. In completing the attached form, contributing members may nominate any person/s, entity or estate to receive part of the Leave Gratuity payment and Pro-rata service bonus upon his or her death. The nominations in this regard will not be taken into consideration should the contributing member terminates services for any reason.
3. Whilst the completion of this form is mandatory, contributing members are not obliged to nominate any beneficiary at 100%. For example: You may nominate

NOMINATION OF BENEFICIARIES BY AN EMPLOYEE FOR THE PAYMENT OF LEAVE GRATUITY





- 25% each for four beneficiaries. Should they opt not to nominate any beneficiaries, they must indicate the word "NIL".
4. Nomination form must be accompanied by the following documents:
 - a) Originally certified copy (certified within the last three months) of bar-coded ID document of the contributing member.
 - b) Originally certified copy (certified with the last three month) of bar-coded ID document / Birth Certificate in respect of each nominee and if an institution is nominated, proof of registration of the institution.
 5. The nomination form and supporting documentations must be forwarded to relevant Human Resource Administration Offices for processing and filing.
 6. Kindly ensure that the contents of this communication is brought to the attention of all employees.
 7. Should further information be required regarding the content of this memorandum, Miss BM Madonsela, can be contacted through email at buhle.madonsela@ecdoe.gov.za.
 8. The full co-operation of all relevant parties will be much appreciated.


MISS BM MADONSELA
ACTING DIRECTOR

23 AUGUST 2024
DATE





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Full Names and Surnames	
Identity Number	
Date of Birth	
PERSAL Number	
School / Section	

NOTIFICATION:

I hereby give notice that the gratuity which may be payable on my death, be paid to the beneficiaries mentioned below and, in the proportion, indicated by me.
(* no fractions).

BENEFICIARIES:

Full Names & Surname	Date of Birth	Relationship	Address	Percentage *

Signature of the employee		Date	
		Place	

WITNESSES:

Full Names & Surname		Signature	
		Date	
		Address	
Full Names & Surname		Signature	
		Date	
		Address	

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