



JUDICIAL INSPECTORATE OF PRISONS

Office of the Inspecting Judge

JI 6/2

POLICY DOCUMENT

RECORDING AND MONITORING OF DUTY PERFORMED BY VISITORS COMMITTEE CO-ORDINATORS (VCCOs)

1. POLICY STATEMENT

- 1.1. The Judicial Inspectorate of Prisons (JIOP) recognises that:
- In order to account for the human resources which are at its disposal, proper records must exist of the hours worked by all its members of staff;
 - That it is a management function to monitor the actual hours worked by members of staff;
 - That sound financial management, including control over human resources, is critical to the success of the JIOP.

2. POLICY OBJECTIVES


- 2.1. The objectives of this policy document are to:
- Ensure proper record keeping of the hours worked by VCCOs.
 - Ensure that the JIOP comply^{ies} with audit standards in regard to duty registers.
 - Ensure that VCCOs are held accountable for the time they work or do not work.
 - Support management in their responsibility to monitor and control the performance of VCCOs.

3. STATUTORY MANDATE

- 3.1. Section 89 (1) reads: "the staff complement of the Judicial Inspectorate must be determined by the Inspecting Judge in consultation with the Commissioner."
- 3.2. Section 89 (3) reads: "Such employees are deemed for administrative purposes to be correctional officials seconded to the Judicial Inspectorate, but are under the control and authority of the Inspecting Judge."

4. POLICY PROCEDURES

- 4.1. The official work hours of the JIOP are from 07h30 am until 16h00 daily with a 30 minute lunch break. The VCCOs may not deviate from these hours.
- 4.2. The VCCOs must record his/her arrival to the office daily in the Z8 register in use at the particular DCS Management Area or Correctional Centre.
- 4.3. If the VCCO is based at an office other than DCS then the Z8 register must be kept by the Compliance Inspector (CI) for that area. The time in and out on the Z8 register must correspond with the bulletins received from the VCCO as per paragraph 4.4
- 4.4. The VCCO must every day report to the CI and Regional Manager (RM) when they arrive for work via the Bulletin Board. The electronic system will automatically record the time of the bulletin. This time will be recorded in the Z8 register.
- 4.5. The CI / RM must monitor and report to Support Services on a daily basis on VCCOs who are absent from duty.

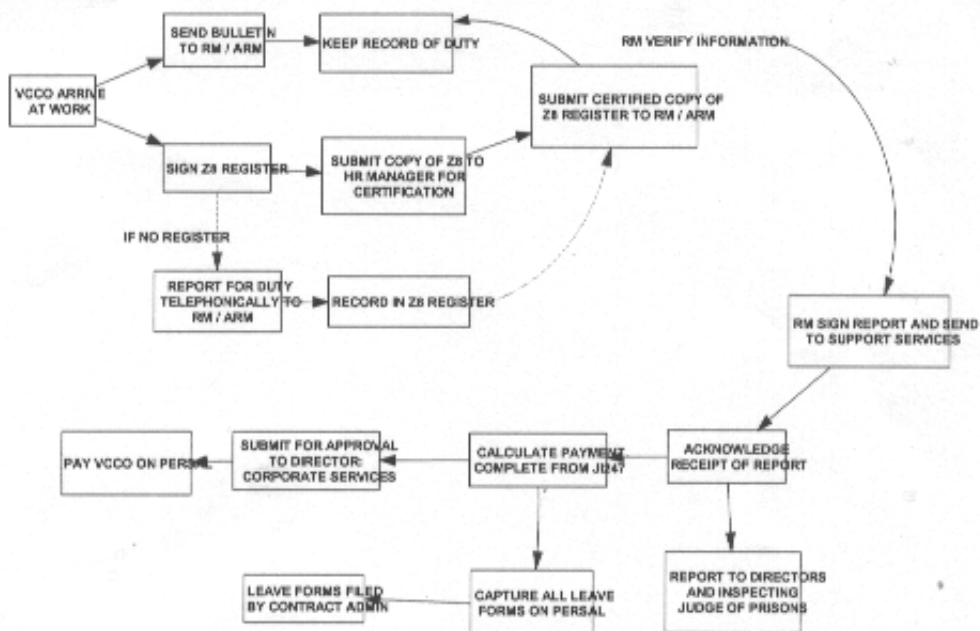
- 4.6. The same process must be followed when the VCCOs leave the office at the end of the working day.
- 4.7. The VCCOs must include a copy of the Z8 register, which copy must be certified as correct by the local DCS HR Manager and the CI/ARM/RM in their monthly reports. The ARM must record the receipt and certification by the CI.
- 4.8. This duly signed copy of the Z8 register, which must be accompanied by any leave forms, must be forwarded to the Compliance Inspector. The VCCOs must make every attempt to submit the completed Z8 register with leave forms to the CI by no later than the last working day of each month.
- 4.9. The CI will verify and forward to the HR Manager: Support Services (JIOP) in Cape Town by no later than the ~~10th~~^{5th} of the following month. 
- 4.10. HR Support Services must record and acknowledge receipt of the Z8 register via the Bulletin Board to the RM. HR support must by the 7th day of the month via e-mail forward a report to the Director: Functional Services and Director: Corporate Services on which reports are outstanding as at that date.
- 4.11. Form JI 247 "Payment Advice: Salaries for Temporary Workers" must be completed by Contract Administration. Form JI247, must be submitted to HR to check the tariffs and amounts to be paid (Appendix A.).

4.12. The form JI 247 must then be forwarded to the respective CI for certification where after the Director: Corporate Services will approve payment for the VCCOs. Payment will only be done if all supporting documents (i.e. Z8 register duly completed and certification by CIs,) are available for accounting purposes.

4.13. The rule of no work no pay will apply if VCCOs are absent from duty without duly authorised leave forms of if VCCO does not work the required 8 hours per day.

4.14. VCCOs who are appointed to the fixed establishment of the JIOP must comply with the same rules. In such cases the CI must issue a certificate of time worked on a monthly basis (Appendix B – Z8).

5. CONCEPTUAL MODEL OF PROCESS



6. RESPONSIBILITY / DELEGATION

6.1.	Recording time on and off duty on a daily basis (Z8 register and bulletin)	VCCO
6.2.	Monitor and report on VCCO who are absent from duty on a daily basis.	CI / ARM
6.3.	Submit Z8 register certified as correct by local DCS HR Manager	VCCO
6.4.	Verify work performed and recommend payment for time worked.	CI
6.5.	Report to Directors on VCCOs who did not submit Z8 registers.	HR Manager: Support Services
6.6.	Calculate payment	Contract Administration
6.7.	Approval of payments	Director: Corporate Services
6.8.	Administer leave forms and keep record of time worked and payments.	HR Manager: Support Services

7. MONITOR AND REVIEW

- 7.1. Compliance Inspectors must on a daily basis monitor that the VCCOs report for duty and that proper and accurate records are kept of the time worked.
- 7.2. Directors must monitor compliance with these rules.
- 7.3. These rules are subject to review from time to time.

THIS POLICY DOCUMENT IS CONSIDERED NECESSARY AND EXPEDIENT FOR THE EFFICIENT FUNCTIONING OF THE JIOP AND IS, AS SUCH, APPROVE AS RULES OF THE JIOP IN TERMS OF THE PROVISIONS OF SECTION 90(9) OF THE CORRECTIONAL SERVICES ACT, 111 OF 1998 (AS AMENDED).

DIRECTORS;



CORPORATE SERVICES

DATE: 2007-07-09

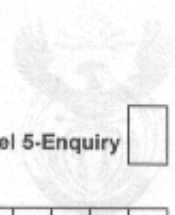
Gideon Mosele



FUNCTIONAL SERVICES

DATE: 9 July 2007





ALLOWANCE CODE 1-Instate 2-Amend 3-Terminate 4-Cancel 5-Enquiry

PERIOD WORKED: START: END DATE:

MONTHLY AMOUNT: R - TARIFF R -

TOTAL DAYS WORKED: TOTAL HOURS WORKED:

RESPONSIBILITY NR: ACTIVITY NR:

CERTIFICATE :
I HEREBY CERTIFY THAT:

1. A valid service agreement for the person exist
2. Above mentioned person has worked during above mentioned hours
3. The details on the payment advice and the Z8 register has been verified and certified as correct
4. Above mentioned amount has not been claimed or paid out

Compliance Inspector: _____ DATE: _____

Tariffs and amounts checked by HR Manager:

..... Signature Post level Date
--------------------	---------------------	---------------

Payment approved by Director: Corporate Services:

..... Signature Post level Date
--------------------	---------------------	---------------

Captured by Personnel Clerk:

..... Signature Post level Date
--------------------	---------------------	---------------

Approved by HR Manager:

..... Signature Post level Date
--------------------	---------------------	---------------

Annual		Date
Previous		
Sick		leave clerk
Capped		

APPLICATION FOR LEAVE OF ABSENCE

Surname		Initials	
Personal Number		Shift Worker	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address during the leave period:		Casual Employee	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Department	
		Department of Correctional Services	
		Component	
Tel.No.			
Type of leave Taken as Working Days	Start Date	End Date	Number of Working Days
Annual Leave			
Normal Sick Leave			
Temporary Disability Leave	This application form must <u>not</u> be used to apply for temporary incapacity leave. Temporary incapacity leave must be applied for on the application form prescribed in terms of the Management Policy and Procedure on Incapacity Leave and Ill-Health Retirement for Public Service Employees. Please contact your Personnel Office for further information.		
Leave for Occupational Injuries and Diseases	*Specify Type of illness		
Adoption Leave			
Family Responsibility Leave (Provide Evidence)			
Special Leave	Specify Type of Special Leave		
Leave for Union Office Bearers (Provide Evidence)			
Type of Leave Taken As Calendar Days / months	Start Date	End Date	Number of Calendar Days
Unpaid Leave (Provide Motivation)			
Maternity Leave (Attach Medical Certificate)			No. of Calendar Months
I hereby certify that the information provided is correct. Any falsification in this regard may form ground for disciplinary action. Furthermore, I fully understand that if I do not have sufficient Leave credits from my previous or current leave cycle to cover for my application, my capped leave as at 30 June 2000 will be automatically utilised.			
Employee Signature		Date	
RECOMMENDATION BY SUPERVISOR / MANAGER (mark with X)			
Recommended	Not Recommended	Rescheduled	
Remarks (if not recommended please state the reasons and the dates in the case of rescheduling):			
.....			
.....			
Manager's / Supervisor's Signature		Date	
APPROVED BY HEAD OF DEPARTMENT (mark with X)			
Approved with Full Pay	Approved without Pay	Not Approved	
Remarks (if approved with a change in condition of payment or not approved, please provide motivation):			
.....			
.....			
Signature of HOD or Disignee		Date	
DATE CAPTURING			
CAPTURED BY		CAPTURED ON.....	
CHECKED BY		CHECKED ON	

- Applications in respect of sick leave of three or more days must be accompanied by a medical certificate issued by a registered medical practitioner.
- Application for adoption leave must be accompanied by a declaration on how the entitlement will be used in the case where both spouse are in the employ of the Public Service.

