



**the dpsa**

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Department:  
Public Service and Administration  
**REPUBLIC OF SOUTH AFRICA**

## **Z1(a) - Application for leave of absence**

### **Instructions:**

Complete the form using Adobe Acrobat Reader and print.

### **Date format:**

d mmmm yyyy = 1 January 2013

for example

typing "1 01 2013" will result in "1 January 2013"

### **Time format:**

HH:MM = 13:30

typing "13:30" will result in "13:30"

### **Get Acrobat Reader:**

Click on the picture below to download Acrobat Reader.



<http://get.adobe.com/reader/>

## APPLICATION FOR LEAVE OF ABSENCE

Surname		Initials:		
PERSAL Number:		Shift Worker	Yes <input type="radio"/> No <input type="radio"/>	
Address during the Leave Period:		Casual Employee	Yes <input type="radio"/> No <input type="radio"/>	
		Department		
		Component		
Tel. No.:				
<b>SECTION A: For Periods covering full day</b>				
Type of Leave Taken as Working Days	Start Date	End Date	Number of Working Days	
Annual Leave				
Normal Sick Leave <sup>1</sup>				
Temporary Incapacity Leave	<i>This application form must not 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.</i>			
Leave for Occupational Injuries and Diseases				
Adoption Leave <sup>2</sup>				
Family Responsibility Leave (Provide Evidence)				
Pre-natal Leave (Provide Evidence)				
Special Leave	Specify Type of Special Leave			
Leave for Union Office Bearers (Provide Evidence)				
Leave for Union Shop Stewards (Provide Evidence)				
Specify Union Affiliation				
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	
<b>SECTION B: For periods covering parts of a day or fractions</b>				
Type of Leave Taken as Working Days	Date	Start Time	End Time	Number of Hours/ Minutes
Annual Leave				h m
Normal Sick Leave				h m
Family Responsibility Leave (Provide Evidence)				h m
Pre-natal Leave (Provide Evidence)				h m
Special Leave				h m
Specify Type of Special Leave				
Leave for Union Office Bearers (Provide Evidence)				h m
Leave for Union Shop Stewards (Provide Evidence)				h m
Specify Union Affiliation				
<i>I hereby certify that I have acquainted myself of my available leave credits and with the rules governing the leave I have applied for. Further, I am certifying that the information provided is correct. Any falsification of information 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.</i>				
EMPLOYEE SIGNATURE			DATE	

<sup>1</sup> Applications in respect of sick leave of three or more days must be accompanied by a medical certificate issued by a registered medical practitioner.

<sup>2</sup> Applications for adoption leaves must be accompanied by a declaration on how the entitlement will be used in the case where both spouses are in the employ of the Public Service.

**SUMMARY OF INFORMATION FROM PAGE 1 (To be completed by employee)**

Surname		Initials		PERSAL Number									
Type of Leave Taken as Working Days			Start Date	End Date	Number of Working Days								
Type of Leave Taken as Working Days			Date	Start Time	End Time	Number of Hours/ Minutes							
						h		m					
						h		m					
						h		m					
Employee Signature				Date									

**Recommendation By Supervisor/Manager (Mark with X)**

Recommended		Not Recommended		Rescheduled	
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REMARKS (If not recommended please state the reasons & the dates in the case of rescheduling):

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 MANAGER'S/SUPERVISOR'S SIGNATURE \_\_\_\_\_  
 DATE

**Approval By Head of Department (Mark With X)**

Approved With Full Pay		Approved Without Pay		Not Approved	
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REMARKS (If approved with a change in condition of payment or not approved, please provide motivation):

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\_\_\_\_\_  
 SIGNATURE OF HOD OR DESIGNEE \_\_\_\_\_  
 DATE

**DATA CAPTURING**

CAPTURED BY: \_\_\_\_\_ CAPTURED ON \_\_\_\_\_ Signature \_\_\_\_\_

CHECKED BY: \_\_\_\_\_ CHECKED ON: \_\_\_\_\_ Signature \_\_\_\_\_