

## APPLICATION FOR LEAVE OF ABSENCE

Surname:		Initials:	
PERSAL 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	
Tel. No:		Component	

## SECTION A: For Periods covering full day

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 Personnel Office for further information.</i>		
Leave for Occupational Injuries and Disease			
Specify Type of Illness			
Adoption Leave <sup>2</sup>			
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 Working Days
Unpaid Leave (Provide Motivation)			
Pre-natal Leave (Provide Evidence)			
Maternity Leave (Attach Medical Certificate)			No. of Calendar Months <input type="text"/>

## SECTION B: For Periods covering parts of a day or fractions

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
Special Leave				H	M
Specify Type of special Leave				H	M
Leave for Union Office Bearers (Provide Evidence)				H	M

*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.*

.....  
EMPLOYEE SIGNATURE

.....  
DATE

## Recommendation By Supervisor/Manager (Mark With X)

Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>	Rescheduled	<input type="checkbox"/>
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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**.....

<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.

