



the dpsa

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"

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.:					
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 ¹											
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 ²											
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						
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	h	m				
Family Responsibility Leave (Provide Evidence)											
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 _____					

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

² 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					
<p>REMARKS (If not recommended please state the reasons & the dates in the case of rescheduling):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>											
MANAGER'S/SUPERVISOR'S SIGNATURE						DATE					
Approval By Head of Department (Mark With X)											
Approved With Full Pay				Approved Without Pay				Not Approved			
<p>REMARKS (If approved with a change in condition of payment or not approved, please provide motivation):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>											
SIGNATURE OF HOD OR DESIGNEE						DATE					
DATA CAPTURING											
CAPTURED BY: _____				CAPTURED ON: _____				Signature _____			
CHECKED BY: _____				CHECKED ON: _____				Signature _____			