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 ○ No ○	
Address during the Leave Period:		**Casual Employee** Yes ○ No ○	
		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	*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.*		
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 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 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**

[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	

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

_____
_____
_____
_____
_____
_____
_____

_____   _____
MANAGER'S/SUPERVISOR'S SIGNATURE   **DATE**

Approval 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 DESIGNEE   **DATE**

DATA CAPTURING

CAPTURED BY:_____ CAPTURED ON _____ Signature_____

CHECKED BY:_____ CHECKED ON:_____ Signature_____