

No. R. 1250**30 December 2005****NOTICE IN TERMS OF PUBLIC SERVICE REGULATIONS, 2001 : REPLACEMENT
OF ZI FORM**

I, Geraldine Joslyn Fraser-Moleketi, the Minister for the Public Service and Administration hereby, in terms of paragraph 6 of Annexure 1 to the Public Service Regulations, 2001 (promulgated under Government Notice R. 1 of 5 January 2001), as amended, replace the official form Z1 with the form in the Schedule in respect of a department with effect from the date stipulated by the said Minister in a directive to the executive authority of that department.

Geraldine J Fraser-Moleketi

G J Fraser-Moleketi
Minister for the Public Service and Administration

SCHEDULE**[FORM]**

Z1(a)

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	
		Component	
		Tel. No.:	
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	Specify Type of Illness		
Adoption Leave ²			
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
<p><i>I hereby certify that the information provided is correct. Any falsification of information in this regard may form ground for disciplinary action. Furthermore, I full 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></p>			
EMPLOYEE SIGNATURE		DATE	
<p>Recommendation By Supervisor/Manager (Mark with X)</p>			
Recommended	NOT recommended	Rescheduled	
<p>REMARKS (If not recommended please state the reasons & the dates in the case of)</p>			
<p>MANAGER'S/SUPERVISOR'S SIGNATURE</p>			
<p>DATE</p>			
<p>Approval By Head of Department (Mark With X)</p>			
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>			
SIGNATURE OF HOD OR DESIGNEE		DATE	
<p>DATA CAPTURING</p>			
CAPTURED BY:.....		CAPTURED ON:.....	
CHECKED BY:.....		CHECKED ON:.....	

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.