
GOVERNMENT NOTICE GOEWERMENTSKENNISGEWING

DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION DEPARTEMENT VAN STAATSDIENS EN ADMINISTRASIE

No. 93

11 February 2013

CORRECTION NOTICE

NOTICE IN TERMS OF PUBLIC SERVICE REGULATIONS, 2001: AMENDMENT OF Z1 (a) APPLICATION FOR LEAVE OF ABSENCE FORM

Substitute the notice as it appeared in Government Notice No. R. 1080 appearing in Government Gazette No. 35989 of 21 December 2012 with the following:

“I, **Lindiwe Nonceba Sisulu**: 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, amend the official form **Z1 (a) (Application for leave of absence)** as set out in the schedule with effect from 1 January 2013.

Lindiwe Nonceba Sisulu
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.:		
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 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				
<p><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></p>				
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.

Z1 (a)

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 _____										