

DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION**NO. 768****28 AUGUST 2015****NOTICE IN TERMS OF PUBLIC SERVICE REGULATIONS, 2001:
AMENDMENT OF Z1 (a) APPLICATION FOR LEAVE OF ABSENCE FORM**

I, Nathi Mthethwa, the Minister for the Public Service and Administration (Acting) 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 –

- a) Amend the official form Z1 (a) (Application for leave of absence) with effect from 28 July 2015.

Nathi Mthethwa

Minister for the Public Service and Administration (Acting)

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	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)			
Paternity 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
Annual Leave			h m
Normal Sick Leave			h m
Family Responsibility Leave (Provide Evidence)			h m
Pre-natal Leave (Provide Evidence)			h m
Paternity 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	
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:	