GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION

NOTICE 522 OF 2018

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

I, Ms Ayanda Dlodlo, the Minister for the Public Service and Administration hereby, in terms of Regulation 10(4) of the Public Service Regulations, 2016 (promulgated under Government Notice R. 877 of 29 July 2016**),** as amended, amend the official form **Z1 (a) (Application for leave of absence)** with effect from 8 June 2018.

Ms Ayanda Dlodlo, MP

Minister for the Public Service and Administration

SCHEDULE

[FORM]

Z1 (a)

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 a full day

Type of Leave Taken as Working Days	Start Date	End Date	Number of Working Days
Annual Leave			
Normal Sick Leave (Provide supporting evidence when applicable)			
Temporary Incapacity Leave	*Temporary incapacity leave must be applied for on the application form prescribed in terms of the Policy and Procedure on Incapacity Leave and Ill-health Retirement for Public Service Employees.*		
Leave for Occupational Injuries and Diseases			
Adoption Leave (Provide supporting evidence)			
Family Responsibility Leave (Provide supporting evidence)			
Pre-natal Leave (Provide supporting evidence)			
Paternity Leave (Provide supporting evidence)			
Special Leave ((Provide supporting evidence)			
Specify Type of Special Leave			
Leave for Union Office Bearers (Provide supporting evidence)			
Leave for Union Shop Stewards (Provide supporting evidence)			
Specify Union Affiliation			
Type of Leave Taken as Calendar Days/Months/Weeks	Start Date	End Date	Number of Calendar Days
Unpaid Leave (Provide motivation)			
Maternity Leave (Provide supporting evidence))			No. of Calendar Months
Surrogacy Leave: Committing Parent (Provide supporting evidence)			No. of Calendar Months
Surrogacy Leave: Surrogate mother (Provide supporting evidence)			No of weeks

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 supporting evidence)				h	m
Pre-natal Leave (Provide supporting evidence)				h	m
Paternity Leave (Provide supporting evidence)				h	m
Special Leave				h	m
Specify Type of Special Leave					
Leave for Union Office Bearers (Provide supporting evidence)				h	m
Leave for Union Shop Stewards (Provide supporting 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**_____