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

PERSAL Number	r:		Ţ	Γ	Γ	Ţ			T	Shift Work	er		Yes		No	
Address during the Leave Period:							ı		Casual Em	Casual Employee Yes				No		
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Tel. No.:																
SECTION A: For Periods covering a full day Type of Leave Taken as Working Days									Start Dat	in .	End Da	to	Number of I	Marking F	lave	
Annual Leave								- 3	otait Dat	ate Eliu Date		Number of Working Days				
Normal Sick Leave (Provide supporting evidence when applicable)																
Temporary Incapacity Leave								Temporary incapacity leave must be Policy and Procedure on Incapacity								
Leave for Occupational Injuries and Diseases								oney and		поправл	<i>y</i> =00.70 u.n.u.m. mot				,	
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											1		1			
Leave for Union																
Leave for Union Shop Stewards (Provide supporting evidence) Specify Union Affiliation													<u> </u>			
Type of Leave Taken as Calendar Days/Months/Weeks							S	Start Dat	art Date		End Date		Number of Calendar Days			
Unpaid Leave (Provide motivation)																
Maternity Leave (Provide supporting evidence)) Surrogacy Leave: Committing Parent (Provide supporting evidence)													No. of Cale			
Surrogacy Leave: Committing Parent (Provide Supporting evidence)												No. of Calendar Months No of weeks				
SECTION B: For periods covering parts of a day or fractions																
Type of Leave T	aken as Wor	king Da	ys				_	Date		Start Ti	Time End Time		Number of Hours/ Minutes			
Annual Leave Normal Sick Lea	VP												h h	m m		
Family Responsibility Leave (Provide supporting evidence)											h	m				
Pre-natal Leave	(Provide su	porting	j evider	псе)									h m			
Paternity Leave (Provide supporting evidence)											h	m				
Special Leave Specify Type of Special Leave											h	m				
			vide su	pporting	g evide	ence)							h	m		
Leave for Union Office Bearers (Provide supporting evidence) Leave for Union Shop Stewards (Provide supporting evidence)									j		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																
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