

DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION

NO. 1355

18 DECEMBER 2020

**NOTICE IN TERMS OF THE PUBLIC SERVICE REGULATIONS, 2016: AMENDMENT
OF Z1(a) APPLICATION FOR LEAVE OF ABSENCE FORM**

I, Mr Senzo Mchunu, the Minister for the Public Service and Administration hereby, in terms of Regulation 10(4), read with section 10(1) 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 date of publication.

Mr Senzo Mchunu, MP**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 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) Note: Completion is not required if the supervisor/manager is also the delegated authority responsible to approve the application					
Recommended <input type="checkbox"/>		Not Recommended <input type="checkbox"/>		Rescheduled <input type="checkbox"/>	
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 <input type="checkbox"/>		Approved Without Pay <input type="checkbox"/>		Not Approved <input type="checkbox"/>	
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: _____	