

Z1(a) - Application for leave of absence

Instructions:

Complete the form using Adobe Acrobat Reader and print.

Date format:

d mmmm yyyy = 1 January 2013

for example

typing "1 01 2013" will result in "1 January 2013"

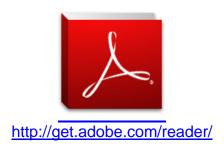
Time format:

HH:MM = 13:30

typing "13:30" will result in "13:30"

Get Acrobat Reader:

Click on the picture below to download Acrobat Reader.



APPLICATION FOR LEAVE OF ABSENCE

Surname										Initials:							
PERSAL Number	er:								Shift Worker			Yes		No			
Address during the Leave Period:									Ī	Casual Employee Yes No							
									Department								
								Ĺ									
								-	Component								
Tel. No.:																	
SECTION A: For Periods covering full day																	
Type of Leave Taken as Working Days								Start [Date	е	End Da	te	Number of	Number of Working Days			
Annual Leave Normal Sick Leave ¹																	
Temporary Incapacity Leave							leave n	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 III-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									_								
Leave for Union Office Bearers (Provide Evidence)																	
Leave for Union Shop Stewards (Provide Evidence) Specify Union Affiliation											1						
Type of Leave Taken as Calendar Days/Months							Start Date		е	End Da	End Date		Number of Calendar Days				
Unpaid Leave (Provide motivation) Maternity Leave (Attach medical certificate)													No. of Calendar Months				
materinty Leave	(Attaon mea	ioui ocii	inoutc										140. Of Guid	Tidal Mon	uio		
SECTION B: For periods covering parts of a day or fractions																	
Type of Leave T Annual Leave	aken as Work	king Day	/S				Da	Date		Start 7	ime	End Time		Number of Hours/ Minutes h m			
Normal Sick Leave												h	m				
Family Responsibility Leave (Provide Evidence)											h	m					
Pre-natal Leave (Provide Evidence) Paternity Leave (Provide Evidence)												h m					
Special Leave												h	m				
Specify Type of Special Leave													1.				
Leave for Union Office Bearers (Provide Evidence) Leave for Union Shop Stewards (Provide Evidence)												h	m m				
Specify Union Affiliation											<u> </u>						
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 SIG	NATURE										/B.B. 1. 1/1	DATE					
Recommended				Τ,				by Super	/ISC	or/Manager	(Wark With		escheduled				
REMARKS (If no	REMARKS (If not recommended please state the reasons & the dates in the case of rescheduling):																
MANAGER'S/SU	MANAGER'S/SUPERVISOR'S SIGNATURE DATE																
Annroyad Mish	Full Day					App	roval by I		-	rtment (Ma			N	ot Annro	od.		
- ' '	Approved With Full Pay Approved with a change in condition of payment or not approved please provide motivation):														1		
	REMARKS (If approved with a change in condition of payment or not approved, please provide motivation):																
SIGNATURE OF HOD OR DESIGNEE DATE Data Capturing																	
Continued D						01	. d O :										
Captured By:						•											
Checked By:					- '	Checke	d On:			Signatu	re						

Applications in respect of sick leave of three or more days must be accompanied by a medical certificate issued by a registered medical practitioner.

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.