



the dpsa

Department:
Public Service and Administration
REPUBLIC OF SOUTH AFRICA

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.



<http://get.adobe.com/reader/>

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 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									<i>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.</i>								
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		Number of Hours/ Minutes		
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>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.</i>																	
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):																	
<hr/>																	
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):																	
<hr/>																	
SIGNATURE OF HOD OR DESIGNEE									DATE								
Data Capturing																	
Captured By: _____			Captured On: _____			Signature: _____											
Checked By: _____			Checked On: _____			Signature: _____											

¹ Applications in respect of sick leave of three or more days must be accompanied by a medical certificate issued by a registered medical practitioner.

² 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.