



**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:					
PERSONAL Number:								Shift Worker		Yes	<input type="radio"/>	No	<input type="radio"/>
Address during the Leave Period:		Casual Employee		Yes		<input type="radio"/>		No		<input type="radio"/>			
												Department	
												Component	
Tel. No.:													

<b>SECTION A: For Periods covering full day</b>			
Type of Leave Taken as Working Days	Start Date	End Date	Number of Working Days
Annual Leave	21 February 2019	25 February 2019	3
Normal Sick Leave <sup>1</sup>			
Temporary Incapacity Leave	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.		
Leave for Occupational Injuries and Diseases			
Adoption Leave <sup>2</sup>			
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
Surrogacy Leave: Committing Parent (Provide Supporting Evidence)			No. of Calendar Months
Surrogacy Leave: Committing Mother (Provide Supporting Evidence)			No. of Weeks

<b>SECTION B: For periods covering parts of a day or fractions</b>					
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 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 utilized.					
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: _____	

<sup>1</sup> Applications in respect of sick leave of three or more days must be accompanied by a medical certificate issued by a registered medical practitioner.<sup>2</sup> 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.