

GOVERNMENT NOTICES GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION DEPARTEMENT VAN STAATDIENS EN ADMINISTRASIE

No. R. 1080

21 December 2012

NOTICE IN TERMS OF PUBLIC SERVICE REGULATIONS, 2001: AMENDMENT OF Z1 (a) APPLICATION FOR LEAVE OF ABSENCE FORM

I, **Lindiwe Nonceba Sisulu**: the Minister for the Public Service and Administration hereby, in terms of paragraph 6 of Annexure 1 to the Public Service Regulations, 2001 (promulgated under Government Notice R. 1 of 5 January **2001**), as amended-

- a) Amend the official form **Z1 (a) (Application for leave of absence)** with effect from 1 January 2013.

Lindiwe Nonceba Sisulu
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"/>
Tel. No.:	Department		
	Component		
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			
Specify Type of Illness			
Adoption Leave ²			
Family Responsibility Leave (Provide Evidence)			
Special Leave			
Specify Type of special leave			
Leave for Union Office Bearers (Provide Evidence)			
Type of Leave Taken As Calendar Days/Months	Start Date	End Date	Number of Calendar Days
Unpaid Leave (Provide motivation)			
Pre-natal Leave (Provide Evidence)			
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
Annual Leave			h m
Normal Sick Leave			h m
Family Responsibility Leave (Provide Evidence)			h m
Special Leave			h m
Specify Type of special leave			h m
Leave for Union Office Bearers (Provide Evidence)			h m
<p><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></p>			
EMPLOYEE SIGNATURE		DATE	

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.

Z1 (a)

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 _____	