

## APPLICATION FOR LEAVE OF ABSENCE

Surname										Initials:																																																	
PERSAL Number										Shift Worker										Yes		No																																					
Address During The Leave Period:										Casual Employee										Yes		No																																					
Tel. No.:										Department																																																	
										Public Works																																																	
										Component																																																	
Type Of Leave Taken As Working days										Start Date										End Date										Number Of Working Days																													
Annual Leave																																																											
Normal Sick Leave <sup>1</sup>																																																											
Temporary Disability Leave																																																											
Permanent Disability Leave																																																											
Leave for Occupational Injuries and Diseases																																																											
Specify Type of Illness																																																											
Adoption Leave <sup>2</sup>																																																											
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)																																																											
Maternity Leave (Attach medical certificate)																														No. of Calendar months																													
<p>I hereby certify that the information provided is correct. Any falsification of information in this regard may form ground of disciplinary action. Furthermore, I fully understand that if I don't have sufficient leave credits from my previous or current leave cycle to cover for my application, my capped leave as at 2000 will be automatically utilised.</p>																																																											
EMPLOYEE SIGNATURE																				DATE																																							
Recommended 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):																																																											
<p>_____</p> <p>_____</p>																																																											
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)																																																											
<p>_____</p> <p>_____</p>																																																											
SIGNATURE OF HOD OR DESIGNEE																				DATE																																							
DATA CAPTURING																																																											
CAPTURED BY: .....																				CAPTURED ON: .....																																							
CHECKED BY: .....																				CHECKED ON: .....																																							

<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 entitlement will be used in the case where both spouses are in the employ of the Public Service.