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GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION**NOTICE 522 OF 2018****NOTICE IN TERMS OF THE PUBLIC SERVICE REGULATIONS, 2001: AMENDMENT
OF Z1 (a) APPLICATION FOR LEAVE OF ABSENCE FORM**

I, Ms Ayanda Dlodlo, the Minister for the Public Service and Administration hereby, in terms of Regulation 10(4) of the Public Service Regulations, 2016 (promulgated under Government Notice R. 877 of 29 July 2016), as amended, amend the official form **Z1 (a) (Application for leave of absence)** with effect from 8 June 2018.

Ms Ayanda Dlodlo, MP

Minister for the Public Service and Administration

SCHEDULE

[FORM]

Z1 (a)

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 a full day													
Type of Leave Taken as Working Days						Start Date		End Date		Number of Working Days			
Annual Leave													
Normal Sick Leave (Provide supporting evidence when applicable)													
Temporary Incapacity Leave						<i>Temporary incapacity leave must be applied for on the application form prescribed in terms of the Policy and Procedure on Incapacity Leave and Ill-health Retirement for Public Service Employees.</i>							
Leave for Occupational Injuries and Diseases													
Adoption Leave (Provide supporting evidence)													
Family Responsibility Leave (Provide supporting evidence)													
Pre-natal Leave (Provide supporting evidence)													
Paternity Leave (Provide supporting evidence)													
Special Leave ((Provide supporting evidence)													
Specify Type of Special Leave													
Leave for Union Office Bearers (Provide supporting evidence)													
Leave for Union Shop Stewards (Provide supporting evidence)													
Specify Union Affiliation													
Type of Leave Taken as Calendar Days/Months/Weeks						Start Date		End Date		Number of Calendar Days			
Unpaid Leave (Provide motivation)													
Maternity Leave (Provide supporting evidence))										No. of Calendar Months			
Surrogacy Leave: Committing Parent (Provide supporting evidence)										No. of Calendar Months			
Surrogacy Leave: Surrogate mother (Provide supporting evidence)										No of weeks			
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 supporting evidence)												h m	
Pre-natal Leave (Provide supporting evidence)												h m	
Paternity Leave (Provide supporting evidence)												h m	
Special Leave												h m	
Specify Type of Special Leave													
Leave for Union Office Bearers (Provide supporting evidence)												h m	
Leave for Union Shop Stewards (Provide supporting evidence)												h m	
Specify Union Affiliation													
<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							
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):													
<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: _____			Signature: _____							
Checked By: _____			Checked On: _____			Signature: _____							

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