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GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION

NO. 429

19 May 2021

NOTICE IN TERMS OF THE PUBLIC SERVICE REGULATIONS, 2016: AMENDMENT OF Z1 (a) APPLICATION FOR LEAVE OF ABSENCE FORM

I, Mr Senzo Mchunu, Minister for the Public Service and Administration, hereby, in terms of regulation 10(4), read with regulation 10(1), of the Public Service Regulations, 2016 (promulgated under Government Notice No. R. 877 of 29 July 2016), as amended, amend the official form **Z1 (a) (Application for leave of absence)** with effect from date of publication.

Signed at PRETORIA on this 16 day of 04 2021.

**MR SENZO MCHUNU, MP****MINISTER FOR THE PUBLIC SERVICE AND ADMINISTRATION**

SCHEDULE
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"/>	
		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				
<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) Note: Completion is <u>not required</u> if the supervisor/manager is also the delegated authority responsible to approve the application				
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 Executive Authority, Head of Department or Designee (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 EXECUTIVE AUTHORITY, HOD OR DESIGNEE		DATE		
Data Capturing				
Captured By: _____	Captured On: _____	Signature: _____		
Checked By: _____	Checked On: _____	Signature: _____		