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GOVERNMENT NOTICE
GOEWERMENTSKENNISGEWING

DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION
DEPARTEMENT VAN STAATSDIENS EN ADMINISTRASIE

No. 93

11 February 2013

CORRECTION NOTICE

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

Substitute the notice as it appeared in Government Notice No. R. 1080 appearing in Government Gazette No. 35989 of 21 December 2012 with the following:

“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, amend the official form **Z1 (a) (Application for leave of absence)** as set out in the schedule 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	No		
Address during the Leave Period:		Casual Employee		Yes	No								
		Department											
		Component											
Tel. No.:													
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													
Adoption Leave ²													
Family Responsibility Leave (Provide Evidence)													
Pre-natal 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							
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 Evidence)							h	m					
Pre-natal 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													
<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)

SUMMARY OF INFORMATION FROM PAGE 1 (To be completed by employee)										
Surname	Initials		PERSAL Number							
Type of Leave Taken as Working Days			Start Date	End Date	Number of Working Days					
Type of Leave Taken as Working Days			Date	Start Time	End Time	Number of Hours/ Minutes				
						h	m			
						h	m			
						h	m			
Employee Signature				Date						
Recommendation By Supervisor/Manager (Mark with X)										
Recommended	Not Recommended			Rescheduled						
<p>REMARKS (If not recommended please state the reasons & the dates in the case of rescheduling):</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				
<p>REMARKS (If approved with a change in condition of payment or not approved, please provide motivation):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <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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