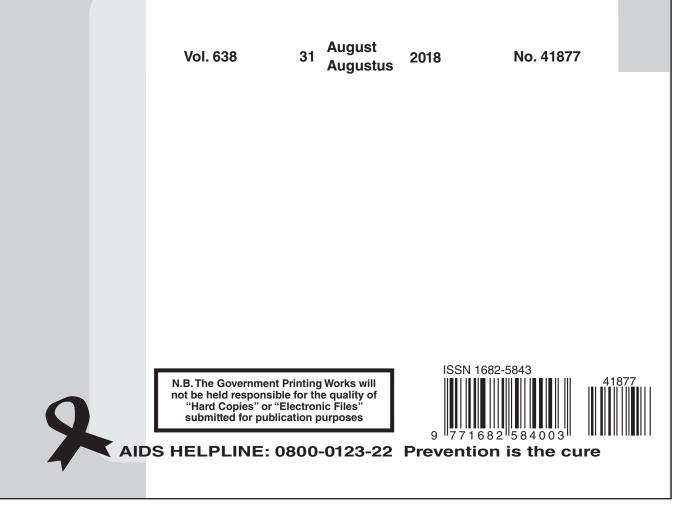


#### Gazette Gover nmen R EPU B 0 T Δ 9 0 U



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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]

#### APPLICATION FOR LEAVE OF ABSENCE

Z1	(a)
----	-----

Surname			Initials:						
PERSAL Number:			Shift Worker			Yes		No	
Address during the Leave Period:	I	I	Casual Employee			Yes		No	
			Department						
			Componer						
Tel. No.:									
SECTION A: For Periods covering a full day									
Type of Leave Taken as Working Days		Start Da	Start Date End Date		Number of Working Days				
Annual Leave		_							
Normal Sick Leave (Provide supporting evidence when applic Temporary Incapacity Leave	able)				t be applied for o				
Leave for Occupational Injuries and Diseases		Policy an	d Procedure o	n Incapac	ity Leave and III-h	ealth Retirement	for Public Se	ervice En	ployees.
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	-1								
Type of Leave Taken as Calendar Days/Months/Weeks		Start Da	te	End Da	ate	Number of	Calendar E	Days	
Unpaid Leave (Provide motivation)									-
Maternity Leave (Provide supporting evidence))					No. of Calendar Months				
Surrogacy Leave: Committing Parent (Provide supporting evid	dence)	_					endar Mont	hs	
Surrogacy Leave: Surrogate mother (Provide supporting evide	ence)			1		No of week	(S		
SECTION B: For periods covering parts of a day or fractions	_	_	_	_		_	_		_
Type of Leave Taken as Working Days	Date	<u>م</u>	Start Ti	me	End Time	Number of	Hours/ Mir	utes	
Annual Leave	Dut	•	otart II	inc	Life fine	h	m	lutes	
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 Specify Type of Special Leave						h	m		
Leave for Union Office Bearers (Provide supporting evidence)	)					h	m		
Leave for Union Shop Stewards (Provide supporting evidence)			-			h	m		
Specify Union Affiliation	-,								
I hereby certify that I have acquainted myself of my available leave credits a falsification of information in this regard may form ground for disciplinary act for my application, my capped leave as at 30 June 2000 will be automaticall	tion. Furthermor				sufficient leave cre				
EMPLOYEE SIGNATURE	nmendation b		or/Monagor (	Morkwit	DATE				
Recommended Not Recomm		by Supervis	ul/inialiagel (	Wark wit	,	escheduled			
					ĸ	escheuuleu	I		
REMARKS (If not recommended please state the reasons & th		e case or re	scrieduning)		DATE				
A	pproval by He	ead of Depa	rtment (Marl	k with X)					
Approved With Full Pay		Approved Without Pay			N	ot Approve	d	[	
REMARKS (If approved with a change in condition of paymen	t or not appre	oved, pleas	e provide mo	otivation)	DATE				
		Data Capt	uring						
Captured By: Cap	otured On	d On Signature							

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