



**TO: DEPUTY DIRECTOR GENERALS  
CHIEF DIRECTORS  
DIRECTORS  
DISTRICT DIRECTORS  
PRINCIPALS  
DEPUTY DIRECTORS  
EDO's**

**HUMAN RESOURCE ADMINISTRATION CIRCULAR NO 4 OF 2018: CORRECT APPLICATION FOR LEAVE OF ABSENCE FORM: ANNEXURE H.1**

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1. According to the Personnel Administrative Measures document (PAM) educators at school based institutions (Government G. 27 November 2014 No 38249, when applying for leave of absence should use Annexure H1( attached).
2. It is noted with great concern that some of the Educators are using Z 1 application form which is meant for Public Service staff.
3. Managers/supervisors must ensure that leave forms are submitted for all absences and all outstanding leave forms are followed up.

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**DIRECTOR:**

**HUMAN RESOURCE ADMINISTRATION**

\_\_\_\_\_  
**Date:**

Annexure H.1

APPLICATION FOR LEAVE OF ABSENCE: SCHOOL BASED EDUCATORS (Government Gazette No 38249, 27 November 2014)

Surname:		Initials:	
PERSAL Number:		Contract Educator	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address during leave:		Substitute Educator	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Department	
		District	
TEL/CELL:		School	
		Pay Point	
<b>SECTION A</b>			
Type of Leave Applied for as Working days		Start Date	End Date
Capped Leave (only applicable to educators with capped leave)			
Normal Sick Leave ( this application form must not be used for PILIR applications)			
Leave For Occupational Injuries and Diseases			
Adoption and Surrogacy Leave			
Family Responsibility Leave (Provide Evidence)			
Urgent Private Matters ( for interpretation, refer to the section in the PAM)			
Pre-Natal Leave (provide evidence)			
<b>SECTION B</b>			
Specify Type Special Leave (the number of days are prescribed in the Leave Measures)			
Type of Leave Taken as Calendar Days/Months		Start Date	End Date
Unpaid Leave (Attach Motivation)			
Maternity Leave (Attach Medical Certificate)			No. Of Calendar Months
<b>SECTION C: For Periods covering parts of the day or fractions</b>			
Type of Leave Applied for as Working Days and Calendar Days (unpaid leave)		Date	Start Time
Capped Leave (only applicable to educators with capped leave)			End Time
Normal Sick Leave			No. of Hours/Minutes
Family Responsibility Leave (Provide Evidence)			h m
Special Leave			h m
Urgent Private Matters			h m
Pre-Natal Leave			h m
Paternity Leave			h m
<i>I hereby certify that the information provided is correct.</i>			
<b>EMPLOYEE SIGNATURE</b>		<b>DATE:</b>	
<b>Recommendation By Supervisor/Manager (Mark with X)</b>			
Recommended <input type="checkbox"/>		Not Recommended <input type="checkbox"/>	
REMARKS (If not recommended please state the reasons & the dates in the case of rescheduling):			
<b>MANAGER/SUPERVISOR'S SIGNATURE</b>		<b>DATE</b>	
<b>Approval by Head of Department (Mark with X)</b>			
Approved With Full Pay <input type="checkbox"/>		Approved Without Pay <input type="checkbox"/>	
		Not Approved <input type="checkbox"/>	
REMARKS (If approved with a change in condition of payment or not approved, please provide motivation):			
SIGNATURE OF HOD OR DESIGNEE		DATE	