



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

HUMAN RESOURCE ADMINISTRATION CIRCULAR NO 3 OF 2018: CORRECT APPLICATION FOR LEAVE OF ABSENCE FORM: Z1 (a)

1. The Minister for Department of Public Service and Administration has by virtue of the powers in accordance with paragraph 6 of Annexure 1 of the Public Service Regulations, 2001, amended the leave application form Z1 (a) with effect from 28 July 2015.
2. It is noted with great concern that most of the officials are still using various formats of old leave application forms. The amended leave form is attached for your attention.
3. Managers/supervisors must ensure that leave forms are submitted for all absences and all outstanding leave forms are followed up.

DIRECTOR:

HUMAN RESOURCE ADMINISTRATION

Date:

APPLICATION FOR LEAVE OF ABSENCE

Surname		Initials:		
PERSAL Number:		Shift Worker	Yes <input type="radio"/> No <input type="radio"/>	
Address during the Leave Period:		Casual Employee	Yes <input type="radio"/> No <input type="radio"/>	
		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)				
Paternity 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
Paternity 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				
<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)				
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 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):				

SIGNATURE OF HOD OR DESIGNEE		DATE		
Data Capturing				
Captured By: _____	Captured On: _____	Signature: _____		
Checked By: _____	Checked On: _____	Signature: _____		

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.