

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)							
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.