



**DEPARTMENT: PUBLIC SERVICE AND ADMINISTRATION
REPUBLIC OF SOUTH AFRICA**

Private Bag X916, Pretoria, 0001. Tel: (012) 314 7911, Fax: (012) 323 2386 or (012) 324 5616
Private Bag X9148, Cape Town, 8000. Tel: (021) 462 2238, Fax: (021) 462 2299

Inquiry
Telephone
File

Ms M Abbott
012-314 7067
E1/2/2/P

27 November 2001

**TO ALL HEADS OF NATIONAL AND PROVINCIAL DEPARTMENTS AND
ORGANISATIONAL COMPONENTS**

REMINDER: NEW LEAVE FORM AND 2001 LEAVE CYCLE

- 1 As you are aware, employees are entitled to annual leave to be used in an annual leave cycle of twelve months and if circumstances do not allow, they have an extra 6 months after the expiry of the annual leave cycle, whereafter unused leave entitlements will be forfeited or the employer will be obliged to pay, had the employer refused the employee leave on operational reasons. Please also refer to paragraphs 3.6 and 3.7 of the *Directive on Leave of Absence in the Public Service* in this regard.

Departments are requested to ensure that employees are informed of the above provision. Managers should as far as possible encourage employees to utilise their leave entitlements before the expiry of the leave cycle i.e. 31 December 2001 and/or before the extended period of 6 months i.e. 30 June 2002.

- 2 With regard to the implementation of the new leave form, departments are reminded that the Minister for the Public Service and Administration has, with due consideration of possible fruitless expenditure, approved that the "old" leave form can still be used until 31 December 2001 in order to give Departments the opportunity to utilise existing stock. The new Z1 form ("Application for Leave of Absence") must be implemented with effect from 1 January 2002. This Department's circular dated 26 June 2001 refers.



3. The new leave form can be ordered from the following persons at the Government Printer:

Mr M Spies at Tel: (012) 334 4684 or
Ms B Jansen at Tel: (012) 334 4600

for 
DIRECTOR-GENERAL

APPLICATION FOR LEAVE OF ABSENCE

Surname		Initials:	
PERSAL Number:		Shift Worker: Yes No	
Address During The Leave Period:		Casual Employee: Yes No	
Tel. No.:		Department	
		Component	
Type Of Leave Taken As Working Days	Start Date	End Date	Number Of Working Days
Annual Leave			
Normal Sick Leave ¹			
Leave for Occupational Injuries and Diseases			
Specify Type of Illness			
Adoption Leave ²			
Family Responsibility Leave (Provide Evidence)			
Special Leave			
Specify Type of special leave			
Leave For Union Office Bearers (Provide Evidence)			
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
<p>I hereby certify that the information provided is correct. Any falsification of information in this regard may form ground for disciplinary action. Furthermore, I full 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.</p>			
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):			
<p>MANAGER'S/SUPERVISOR'S SIGNATURE</p> <p>DATE</p>			
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):			
<p>SIGNATURE OF HOD OR DESIGNEE</p> <p>DATE</p>			
DATA CAPTURING			
CAPTURED BY:.....		CAPTURED ON:.....	
CHECKED BY:.....		CHECKED ON:.....	

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.