



the dpsa

Department:
Public Service and Administration
REPUBLIC OF SOUTH AFRICA

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TO HEADS OF ALL DEPARTMENTS AND PROVINCIAL ADMINISTRATIONS

For Attention: Heads of Corporate Services /Human Resources

IMPLEMENTATION OF THE POLICY AND PROCEDURE ON INCAPACITY LEAVE AND ILL-HEALTH RETIREMENT: DIRECTIVE FOR THE REPEAL OF THE Z1 AND Z29 FORMS AND IMPLEMENTATION OF THE NEW Z1(a) FORM

1. The dpsa's evenly numbered circular dated 5 December 2005 on the implementation of the Policy and Procedure on Incapacity Leave and Ill-health Retirement (PILIR) refers.
2. In the light of the implementation of PILIR in your respective Departments or Provincial Administrations and in line with the approved implementation target dates, the Minister for Public Service and Administration, in terms of the amended Annexure 1 of the Public Service Regulations, 2001 hereby direct that -
 2. the current Z1 (leave form) and Z29 (medical report) be repealed; and
 - 2.2. the new Z1(a) (leave form) be implementedwith effect from the dates depicted in Annexure A to this letter.
3. It therefore follows that employees who wish to apply temporary incapacity leave must apply, with effect from the relevant dates, for such leave on the prescribed application

forms contained in PILIR. Similarly, in the case where an ill-health retirement is initiated, with effect from the said dates, by either an employee or the employer the prescribed form contained in PILIR must be utilised for this purpose.



Per

DIRECTOR-GENERAL

DATE: 17 of Aug 2006

IMPLEMENTATION OF THE POLICY AND PROCEDURE ON INCAPACITY LEAVE AND ILL-HEALTH RETIREMENT: DIRECTIVE FOR THE REPEAL OF THE Z1 AND Z29 FORMS AND IMPLEMENTATION OF THE NEW Z1(a) FORM

Implementation area according to approved strategy	Date from which the Z1 is repealed	Date from which the new Z1a is applicable	Date from which the current Z29 is repealed
Department of Correctional Services	1 April 2006	1 April 2006	1 April 2006
Free State Provincial Administration	1 April 2006	1 April 2006	1 April 2006
National Departments			
Group 1 <ul style="list-style-type: none"> ◆ Department in the Presidency ◆ Department of Public Service and Administration ◆ Department of Health ◆ Department of Housing ◆ Department of Labour ◆ Department of Land Affairs ◆ Department of Provincial and Local Government ◆ Department of Public Enterprises ◆ Department of Public Works ◆ Department of Science and Technology ◆ Department of Water Affairs and Forestry ◆ Independent Complaints Directorate ◆ National Treasury ◆ Public Service Commission ◆ South African Management Development Institute ◆ Sport and Recreation South Africa 	1 June 2006	1 June 2006	1 June 2006
Group 2 <ul style="list-style-type: none"> ◆ Department of Agriculture ◆ Department of Arts and Culture ◆ Department of Communications ◆ Department of Education ◆ Department of Environmental Affairs and Tourism ◆ Department of Foreign Affairs ◆ Department of Home Affairs ◆ Department of Justice and Constitutional Development ◆ Department of Minerals and Energy ◆ Department of Social Development ◆ Department of Trade and Industry ◆ Department of Transport ◆ Government Communications Information System ◆ Statistics South Africa 	1 September 2006	1 September 2006	1 September 2006
Western Cape Provincial Administration	1 June 2006	1 June 2006	1 June 2006
Northern Cape Provincial Administration	1 August 2006	1 August 2006	1 August 2006
Limpopo Provincial Administration	1 August 2006	1 August 2006	1 August 2006
Eastern Cape Provincial Administration	1 September 2006	1 September 2006	1 September 2006
North West Provincial Administration	1 October 2006	1 October 2006	1 October 2006
Mpumalanga Provincial Administration	1 October 2006	1 October 2006	1 October 2006
KwaZulu-Natal Provincial Administration	1 November 2006	1 November 2006	1 November 2006
Gauteng Provincial Administration	1 November 2006	1 November 2006	1 November 2006

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.:									
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											
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>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.</i></p>											
EMPLOYEE SIGNATURE						DATE					
<p align="center">Recommendation By Supervisor/Manager (Mark with X)</p>											
Recommended		Not Recommended		Rescheduled							
<p>REMARKS (If not recommended please state the reasons & the dates in the case of rescheduling):</p> <p>_____</p> <p>_____</p>											
MANAGER'S/SUPERVISOR'S SIGNATURE						DATE					
<p align="center">Approval By Head of Department (Mark With X)</p>											
Approved With Full Pay		Approved Without Pay		Not Approved							
<p>REMARKS (If approved with a change in condition of payment or not approved, please provide motivation):</p> <p>_____</p> <p>_____</p>											
SIGNATURE OF HOD OR DESIGNEE						DATE					
<p align="center">DATA CAPTURING</p>											
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.