



**the dpsa**

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Public Service and Administration  
**REPUBLIC OF SOUTH AFRICA**

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## **TO HEADS OF NATIONAL AND PROVINCIAL DEPARTMENTS AND PROVINCIAL ADMINISTRATIONS**

*For Attention: Heads of Human Resources*

### **APPLICATION FOR LEAVE OF ABSENCE**

#### **1. IMPLEMENTATION OF THE NEW Z1 (a) APPLICATION FOR LEAVE OF ABSENCE FORM**

1.1. The Minister for the Public Service and Administration has by virtue of the powers vested in her in paragraph 6 of Annexure 1 of the Public Service Regulations 2001, as amended; promulgated the amended leave application form Z1(a) (Application for Leave of Absence) with effect from 1 January 2013. A copy of Government Gazette No 36151 Vol. 572 Dated 11 February 2013 is attached for easy reference.

1.2. The redesign of the leave application form is informed by the following reasons:

1.2.1. The introduction of the changes to leave types following the conclusion of PSCBC Resolution 1 of 2012, i.e. pre-natal leave and shop stewards leave.

1.2.2. The need to comply with the obligation contained in the Determination and Directive on Leave of Absence in the Public Service that an employee must apply in writing for leave. To date applications for the use of leave for parts of a day are by verbal agreement. It is not reduced to a written application which is contrary to the requirement that an employee must apply in writing for leave. Further this situation opened the system for abuse resulting in the inefficient and ineffective administration and management of leave.

- 1.2.3. In respect of the DPSA and Free State Education (current IFMS<sup>1</sup> pilot sites) and Departments where the IFMS will be implemented in future, leave is applied for and captured on the IFMS. The IFMS is designed so that an employee, through the Employee Self Service facility, could apply electronically for, among others, leave on an hourly basis. However, there are unfortunately employees in these departments who do not have access to personal computers to submit electronic leave applications. For these employees the paper-based leave applications will co-exist with the electronic system. These paper-based applications are uploaded in the HR offices on the IFMS. Having the leave form redesigned will enable the employee to apply for leave for part of a day and enable HR offices to capture the hours/minutes for which the employee applied on the IFMS.
- 1.3. Following various concerns raised regarding possible fraud regarding the leave form being on two pages, I wish to -
  - 1.3.1. indicate that an employee applying for leave on the Z1(a) has to repeat the details of the leave application on page 2 of the leave form as a safety feature; and
  - 1.3.2. confirm that the Z1(a) Application For Leave of Absence that will be printed by the Government Printing Works, shall be printed back-to-back on a single page. These forms can be ordered directly from the Government Printing Works.
- 1.4. Various requests were also made to provide the Z1 (a) Application for Leave of Absence in an electronic format to facilitate speedy turn around of the application submission in especially remote areas.
  - 1.4.1. Since the release of the Application for Leave of Absence in MS Word format would open the entire form for fraud, a PDF format of the application form is made available instead. The PDF format Z1 (a) Application for Leave of Absence is available on the DPSA's website.
  - 1.4.2. The PDF Z1(a) Application for Leave of Absence carries the following features:
    - 1.4.2.1 The employee can type in his/her application details directly on the form.
    - 1.4.2.2 The leave application details on page 1 that must be carried over to page 2 of the application form are automatically populated on this page.
    - 1.4.2.3 A feature is built in that when it is printed, it will automatically print back-to-back.

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<sup>1</sup> IFMS – Integrated Financial Management System

## 2. LEAVE APPLICATIONS FOR PARTS OF A DAY

- 2.1. In terms of the Determination and Directive on Leave of Absence an Employee may apply for leave for part of a day for either annual leave or sick leave or prenatal leave or family responsibility leave. Paragraphs 7, 18, 20 and 23 of the Determination and Directive on Leave of Absence in the Public Service refer.
- 2.2. In the Departments where the IFMS is implemented, the employee must submit his/her application for the leave type electronically for the part of the day s/he requires via the Employee Self Service facility on the IFMS.
- 2.3. However, in those instances where employees are required to submit leave applications on the Z1(a) Application for Leave of Absence the provisions referred to above must be interpreted and applied as follows since leave for parts of a day cannot be captured on the PERSAL system:
  - 2.3.1 The employee applies in writing on the leave form for the leave type in respect of which leave is required for a part of a day.
  - 2.3.2 The application is subjected to the recommendation and approval process.
  - 2.3.3 The application forms for the parts of a day are recorded on the Department's manual system as is the current practice.
  - 2.3.4 Once all the applications for a specific leave type add up to the employee's prescribed work day, the employee completes a leave application for a full day. This application is completed in respect of the same day; the employee takes leave for part of a day that completes the value of a full work day. This application, supported by the applications for the parts of a day, must be forwarded to Human Resources for capturing on PERSAL and filing on the employee's leave file.

*PP*  
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**DIRECTOR-GENERAL**  
**DATE: 2013/03/20**



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**GOVERNMENT NOTICE  
GOEWERMENSKENNISGEWING**

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**DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION  
DEPARTEMENT VAN STAATSDIENS EN ADMINISTRASIE**

No. 93

11 February 2013

**CORRECTION NOTICE**

**NOTICE IN TERMS OF PUBLIC SERVICE REGULATIONS, 2001: AMENDMENT OF  
Z1 (a) APPLICATION FOR LEAVE OF ABSENCE FORM**

Substitute the notice as it appeared in Government Notice No. R. 1080 appearing in Government Gazette No. 35989 of 21 December 2012 with the following:

"I, **Lindiwe Nonceba Sisulu**: the Minister for the Public Service and Administration hereby, in terms of paragraph 6 of Annexure 1 to the Public Service Regulations, 2001 (promulgated under Government Notice R. 1 of 5 January **2001**), as amended, amend the official form **Z1 (a) (Application for leave of absence)** as set out in the schedule with effect from 1 January 2013.

**Lindiwe Nonceba Sisulu**  
**Minister for the Public Service and Administration**

**SCHEDULE  
[FORM]"**

Z1 (a)

APPLICATION FOR LEAVE OF ABSENCE

Surname		Initials:		
PERSAL Number:		Shift Worker	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address during the Leave Period:		Casual Employee	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Department:		
		Component:		
Tel. No.:				
<b>SECTION A: For Periods covering full day</b>				
Type of Leave Taken as Working Days	Start Date	End Date	Number of Working Days	
Annual Leave				
Normal Sick Leave <sup>1</sup>				
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 <sup>2</sup>				
Family Responsibility Leave (Provide Evidence)				
Pre-natal 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	
<b>SECTION B: For periods covering parts of a day or fractions</b>				
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
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				
<p><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></p>				
EMPLOYEE SIGNATURE			DATE	

<sup>1</sup> Applications in respect of sick leave of three or more days must be accompanied by a medical certificate issued by a registered medical practitioner.

<sup>2</sup> 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.

Z1 (a)

SUMMARY OF INFORMATION FROM PAGE 1 (To be completed by employee)									
Surname	Initials		PERSAL Number						
Type of Leave Taken as Working Days			Start Date	End Date	Number of Working Days				
Type of Leave Taken as Working Days			Date	Start Time	End Time	Number of Hours/ Minutes			
						h		m	
						h		m	
						h		m	
Employee Signature				Date					
<b>Recommendation By Supervisor/Manager (Mark with X)</b>									
<b>Recommended</b>			<b>Not Recommended</b>				<b>Rescheduled</b>		
<p><b>REMARKS (If not recommended please state the reasons &amp; the dates in the case of rescheduling):</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>									
MANAGER'S/SUPERVISOR'S SIGNATURE _____					DATE _____				
Approval By Head of Department (Mark With X)									
<b>Approved With Full Pay</b>			<b>Approved Without Pay</b>				<b>Not Approved</b>		
<p><b>REMARKS (If approved with a change in condition of payment or not approved, please provide motivation):</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>									
SIGNATURE OF HOD OR DESIGNEE _____					DATE _____				
DATA CAPTURING									
CAPTURED BY: _____			CAPTURED ON: _____			Signature _____			
CHECKED BY: _____			CHECKED ON: _____			Signature _____			