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TO HEADS OF NATIONAL AND PROVINCIAL DEPARTMENTS AND PROVINCIAL ADMINISTRATIONS

For Attention: Heads of Human Resources

IMPLEMENTATION OF PUBLIC SERVICE CO-ORDINATING BARGAINING COUNCIL (PSCBC) RESOLUTION 2 OF 2015: AMENDED Z1(a) APPLICATION FOR LEAVE OF ABSENCE FORM

1. The Minister for the Public Service and Administration has by virtue of the powers vested in him in accordance with paragraph 6 of Annexure 1 of the Public Service Regulations, 2001, as amended, promulgated the amended leave application form Z1 (a) with effect from 28 July 2015. A copy of Government Gazette No 39143, Vol 768 dated 28 August 2015 is attached for ease of reference.
2. The Z1 (a) Application for Leave of Absence Form will be printed by the Government Printing Works and can be directly ordered from them.
3. The amended Leave form is fillable and also available on the DPSA website at www.dpsa.gov.za.


PP DIRECTOR-GENERAL
DATE: 2015/9/16

DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION

NO. 768

28 AUGUST 2015

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

I, Nathi Mthethwa, the Minister for the Public Service and Administration (Acting) 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 –

- a) Amend the official form Z1 (a) (Application for leave of absence) with effect from 28 July 2015.

Nathi Mthethwa

Minister for the Public Service and Administration (Acting)

SCHEDULE**(FORM)**

Z1 (a)

APPLICATION FOR LEAVE OF ABSENCE

Surname		Initiale		
PERSAL Number:		SHR 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.:				
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 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.				
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:		