

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.:													
<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)													
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					
<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			
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 _____							
<b>Recommendation by Supervisor/Manager (Mark with X)</b>													
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 _____							
<b>Approval by Head of Department (Mark with X)</b>													
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 _____							
<b>Data Capturing</b>													
Captured By: _____			Captured On: _____			Signature: _____							
Checked By: _____			Checked On: _____			Signature: _____							

<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.