



**the dpsa**

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**REPUBLIC OF SOUTH AFRICA**

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

### **IMPLEMENTATION OF THE 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 her in accordance with Regulation 10(4) of the Public Service Regulations, 2016, as amended, promulgated the amended leave application form Z1(a) with effect from 8 June 2018. A copy of Government Gazette No 41877, Vol 638 dated 31 August 2018 is attached for ease of reference.
2. The amendment of the leave application form is informed by the introduction of the new leave type i.e. Surrogacy Leave following the conclusion of PSCBC Resolution 1 of 2018.
3. The Z1(a) Application for Leave of Absence Form will be printed by the Government Printing Works and can be directly ordered from them.
4. The amended Leave of Absence Form is also available on the DPSA website at [www.dpsa.gov.za](http://www.dpsa.gov.za).

**PROFESSOR RICHARD LEVIN  
DIRECTOR-GENERAL**

**DATE:** 12/10/18



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**GENERAL NOTICES • ALGEMENE KENNISGEWINGS**

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**DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION****NOTICE 522 OF 2018****NOTICE IN TERMS OF THE PUBLIC SERVICE REGULATIONS, 2001: AMENDMENT  
OF Z1 (a) APPLICATION FOR LEAVE OF ABSENCE FORM**

I, Ms Ayanda Dlodlo, the Minister for the Public Service and Administration hereby, in terms of Regulation 10(4) of the Public Service Regulations, 2016 (promulgated under Government Notice R. 877 of 29 July 2016), as amended, amend the official form **Z1 (a) (Application for leave of absence)** with effect from 8 June 2018.

**Ms Ayanda Dlodlo, MP****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 a full day</b>				
Type of Leave Taken as Working Days	Start Date	End Date	Number of Working Days	
Annual Leave				
Normal Sick Leave (Provide supporting evidence when applicable)				
Temporary Incapacity Leave	<i>Temporary incapacity leave must be applied for on the application form prescribed in terms of the Policy and Procedure on Incapacity Leave and Ill-health Retirement for Public Service Employees.</i>			
Leave for Occupational Injuries and Diseases				
Adoption Leave (Provide supporting evidence)				
Family Responsibility Leave (Provide supporting evidence)				
Pre-natal Leave (Provide supporting evidence)				
Paternity Leave (Provide supporting evidence)				
Special Leave (Provide supporting evidence)				
Specify Type of Special Leave				
Leave for Union Office Bearers (Provide supporting evidence)				
Leave for Union Shop Stewards (Provide supporting evidence)				
Specify Union Affiliation				
Type of Leave Taken as Calendar Days/Months/Weeks	Start Date	End Date	Number of Calendar Days	
Unpaid Leave (Provide motivation)				
Maternity Leave (Provide supporting evidence)			No. of Calendar Months	
Surrogacy Leave - Committing Parent (Provide supporting evidence)			No. of Calendar Months	
Surrogacy Leave - Surrogate mother (Provide supporting evidence)			No of weeks	
<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 supporting evidence)				h m
Pre-natal Leave (Provide supporting evidence)				h m
Paternity Leave (Provide supporting evidence)				h m
Special Leave				h m
Specify Type of Special Leave				
Leave for Union Office Bearers (Provide supporting evidence)				h m
Leave for Union Shop Stewards (Provide supporting 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		
Recommendation by Supervisor/Manager (Mark with X)				
Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>	Rescheduled <input type="checkbox"/>		
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 <input type="checkbox"/>	Approved Without Pay <input type="checkbox"/>	Not Approved <input type="checkbox"/>		
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: _____		







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