



the dpsa

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REPUBLIC OF SOUTH AFRICA

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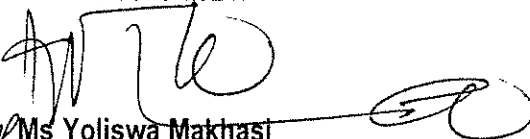
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TO HEADS OF NATIONAL AND PROVINCIAL DEPARTMENTS AND PROVINCIAL ADMINISTRATIONS

CIRCULAR 3 OF 2021

IMPLEMENTATION OF THE AMENDED APPLICATION FOR LEAVE OF ABSENCE FORM (Z1 (a))

1. The Minister for the Public Service and Administration has by virtue of the powers vested in the Minister in accordance with Regulation 10(4) of the Public Service Regulations, 2016, as amended, promulgated the amended Application for Leave of Absence Form (Z1 (a)) with effect from 19 May 2021. A copy of Government Gazette No 44592, Vol 671 dated 19 May 2021 is attached for ease of reference.
2. The amendment of the leave application form is informed by the need to accommodate instances where the recommender and the approver is the same person and as such prevent duplication.
3. The Application for Leave of Absence Form (Z1 (a)) will be printed by the Government Printing Works and can be directly ordered from them. However, the Government Printing Works has been instructed to commence printing the amended form once the current stock in hand has been depleted.
4. To avoid wastage, departments should thus continue to use stock of the current Application for Leave of Absence Form (Z1 (a)) forms available in departments and on hand with the Government Printing Works. Whilst the current stock is utilised, the arrangement referred to above will become effective from the date of the promulgation.
5. The electronic fillable amended Application for Leave of Absence Form (Z1 (a)) will be available on the DPSA website at www.dpsa.gov.za with effect from 1 June 2021.


Ms Yoliswa Makhasi
Director-General

Date: 



Government Gazette Staatskoerant

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GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION

NO. 429

19 May 2021

**NOTICE IN TERMS OF THE PUBLIC SERVICE REGULATIONS, 2016: AMENDMENT
OF Z1 (a) APPLICATION FOR LEAVE OF ABSENCE FORM**

I, Mr Senzo Mchunu, Minister for the Public Service and Administration, hereby, in terms of regulation 10(4), read with regulation 10(1), of the Public Service Regulations, 2016 (promulgated under Government Notice No. R. 877 of 29 July 2016), as amended, amend the official form **Z1 (a) (Application for leave of absence)** with effect from date of publication.

Signed at PRETORIA on this 16 day of 04 2021.



MR SENZO MCHUNU, MP

MINISTER FOR THE PUBLIC SERVICE AND ADMINISTRATION

**SCHEDULE
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.:							
SECTION A: For Periods covering a full day							
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	
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 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							
<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 justification 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			
Recommendation by Supervisor/Manager (Mark with X) Note: Completion is <u>not required</u> if the supervisor/manager is also the delegated authority responsible to approve the application							
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 Executive Authority, Head of Department or Designee (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 EXECUTIVE AUTHORITY, HOD OR DESIGNEE				DATE			
Data Capturing							
Captured By: _____		Captured On: _____		Signature: _____			
Checked By: _____		Checked On: _____		Signature: _____			