

APPLICATION FOR LEAVE OF ABSENCE

Surname								Initials:			
PERSAL Number:								Shift Worker		Yes	No
Address During The Leave Period:		Tel. No.:		Casual Employee		Yes	No				
				Department							
				Component							

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 <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			
Specify Type of Illness			
Adoption Leave <sup>2</sup>			
Family Responsibility Leave (Provide Evidence)			
Special Leave			
Specify Type of special leave			
Leave For Union Office Bearers (Provide Evidence)			
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

Type of Leave Taken As Working Days	Date	Start Time	End Time	Hours / Minutes
Annual Leave				h m
Normal Sick Leave				h m
Family Responsibility Leave (Provide Evidence)				h m
Special Leave				h m
Specify Type of Special leave				h m
Leave for Union Office Bearers (Provide Evidence)				h m

I hereby certify that the information provided is correct. Any falsification of information in this regard may form ground for disciplinary action. Furthermore, I full 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):

\_\_\_\_\_

<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.

.....  
SIGNATURE OF HOD OR DESIGNEE

.....  
DATE

DATA CAPTURING

CAPTURED BY:..... CAPTURED ON:.....

CHECKED BY:..... CHECKED ON:.....