

Steve Vukile Tshwete Education Complex \* Zone 6\* Zwelitsha \* Private Bag X0032 \* Bisho \* 5605 \* REPUBLIC OF SOUTH AFRICA. Enquiries: X NORMAN: e-mail xoliswa.norman@edu.ecprov.gov.za

TO: DEPUTY DIRECTOR GENERALS
CHIEF DIRECTORS
DIRECTORS
DISTRICT DIRECTORS
PRINCIPALS
DEPUTY DIRECTORS
EDO's

## HUMAN RESOURCE ADMINISTRATION CIRCULAR NO 3 OF 2018: CORRECT APPLICATION FOR LEAVE OF ABSENCE FORM: Z1 (a)

- The Minister for Department of Public Service and Administration has by virtue of the powers in accordance with paragraph 6 of Annexure 1 of the Public Service Regulations, 2001, amended the leave application form Z1 (a) with effect from 28 July 2015.
- 2. It is noted with great concern that most of the officials are still using various formats of old leave application forms. The amended leave form is attached for your attention.
- 3. Managers/supervisors must ensure that leave forms are submitted for all absences and all outstanding leave forms are followed up.

DIRECTOR.

**HUMAN RESOURCE ADMINISTRATION** 

Date:

## APPLICATION FOR LEAVE OF ABSENCE

Surname								Initials:								
PERSAL Number	r:							Shift Worl	ker			Yes	0	No	0	
Address during the Leave Period:							Casual Employee Yes O No O									
							[	Departme	nt							
							1	•			777.0					
							-	Component								
Tel. No.:																
SECTION A: For	Periods covering	full day														
Type of Leave Taken as Working Days						Start Date	e	End Da	ate		Number of	Working D	ays			
Annual Leave Normal Sick Leave <sup>1</sup>							-									
Temporary Incapacity Leave					leave must Procedure	t be applied	for on the ty Leave an	e used to apply application for nd III-health Re nformation.	m preso	ribed in tern	ns of the Ma	anagemen	t Policy and			
Leave for Occupa  Adoption Leave <sup>2</sup>	ational Injuries and	d Diseases	s					- 19								
	bility Leave (Provi	de Eviden	ice)										-			
Pre-natal Leave (	Provide Evidence)															
Paternity Leave ( Special Leave	Provide Evidence)							4	-	**	_					
Specify Type of S	Special Leave															
Leave for Union (	Office Bearers (Pro	ovide Evid	lence)												(1340)	
Leave for Union S	Shop Stewards (Pr	ovide Evid fy Union A													4.00	
Type of Leave Ta	iken as Calendar D			)11			Start Date		End Date			Number of (	Calendar E	)avs	TATO GAL	
Unpaid Leave (Pr	rovide motivation)		117	463												
Maternity Leave (	Attach medical ce	rtificate)	CONTRACT.									No. of Caler	ndar Monti	ıs		
SECTION B: For	periods covering p	arts of a	day or fi	ractions	3											
Type of Leave Taken as Working Days Day					Date	e Start Ti		me End Time			Number of Hours/ Minutes					
Annual Leave												2	l m			
Normal Sick Leav	10					1	451-868			500						
Normal Sick Leav Family Responsil		de Eviden	ce)								İ	1	m			
Family Responsil Pre-natal Leave (	bility Leave (Provide Provide Evidence)	de Eviden	ce)								h h	า า				
Family Responsil Pre-natal Leave ( Paternity Leave (	bility Leave (Providence	de Eviden	ce)								h h	1 1 1	m m m			
Family Responsil Pre-natal Leave (I Paternity Leave (I Special Leave	bility Leave (Provid Provide Evidence) Provide Evidence)	de Eviden	ce)								h h	1 1 1	m m m			
Family Responsil Pre-natal Leave (I Paternity Leave (I Special Leave Specify Type of S	bility Leave (Provid Provide Evidence) Provide Evidence)										h h	1 1 1 1	m m m			
Family Responsil Pre-natal Leave (I Paternity Leave (I Special Leave Specify Type of S Leave for Union (I	bility Leave (Provide Provide Evidence) Provide Evidence) Provide Evidence) Special Leave Office Bearers (Proshop Stewards (Proshop Stewards (Providence)	ovide Evid	lence)								h h	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	m m m m			
Family Responsil Pre-natal Leave (I Paternity Leave (I Special Leave Specify Type of S Leave for Union S	bility Leave (Provide Provide Evidence) Provide Evidence) Provide Evidence) Special Leave Office Bearers (Pro Shop Stewards (Pro Specify Uni	ovide Evid ovide Evid	lence)	eve cradit	s and with th	ne rules nu	overning the le	saya I haya an	polied for F	urther Lam certain			m m m m	is correct	Any	
Family Responsil Pre-natal Leave (I Paternity Leave (I Special Leave Specify Type of S Leave for Union S I hereby certify that I falsification of informa my application, my ca	bility Leave (Provide Provide Evidence) Provide Evidence) Provide Evidence) Special Leave Office Bearers (Pro Specify Unitary acquainted myseation in this regard may apped leave as at 30 J	ovide Evid ovide Evid on Affiliat of my ava	dence) tion tilable lea	ciplinary a	action. Furth	ne rules guermore, I	overning the le fully understar	eave I have ap	oplied for. Fu	fficient leave cre	the state of the s	t the informati	m m m m m m m m m m m m m m m m m m m	is correct. ave cycle t	Any o cover for	
Family Responsil Pre-natal Leave (I Paternity Leave (I Special Leave Specify Type of S Leave for Union (I Leave for Union S I hereby certify that I falsification of Information	bility Leave (Provide Provide Evidence) Provide Evidence) Provide Evidence) Special Leave Office Bearers (Pro Specify Unitary acquainted myseation in this regard may apped leave as at 30 J	ovide Evid ovide Evid on Affiliat of my ava	dence) tion tilable lea	ciplinary a omatically	action. Furth utilised.	ermore, I	overning the le fully understar	nd that if I do i	not have su	fficient leave cre	the state of the s	t the informati	m m m m m m m m m m m m m m m m m m m	is correct.	Any o cover for	
Family Responsil Pre-natal Leave (I Paternity Leave (I Special Leave Specify Type of S Leave for Union S I hereby certify that I falsification of informa my application, my ca	bility Leave (Provide Provide Evidence) Provide Evidence) Provide Evidence) Special Leave Office Bearers (Pro Specify Unitary acquainted myseation in this regard may apped leave as at 30 J	ovide Evid ovide Evid on Affiliat of my ava	dence) dence) tion iilable lea nd for disc iil be auto	ciplinary a omatically Re	action. Furth utilised.	ermore, I	fully understar	nd that if I do i	not have su	fficient leave cre	the state of the s	t the informati	m m m m m m m m m m m m m m m m m m m	is correct. ave cycle t	Any o cover for	
Family Responsil Pre-natal Leave (I Paternity Leave (I Special Leave Specify Type of S Leave for Union S I hereby certify that I falsification of informa my application, my ca  EMPLOYEE SIGN  Recommended  REMARKS (If not	bility Leave (Provide Provide Evidence) Provide Evidence) Provide Evidence) Special Leave Office Bearers (Pro Specify Unitary acquainted myseation in this regard may apped leave as at 30 J	ovide Evid ovide Evid on Affiliat if of my ava of form groun une 2000 wi	dence) dence) tion iilable lea d for disc iil be auto	ciplinary a comatically Re	action. Furth utilised.	lation by	fully understar	nd that if I do i	not have su	fficient leave cre	the state of the s	t the informati	m m m m m m m m m m m m m m m m m m m	is correct.	Any o cover for	
Family Responsil Pre-natal Leave (I Paternity Leave (I Special Leave Specify Type of S Leave for Union S I hereby certify that I falsification of informa my application, my ca  EMPLOYEE SIGN  Recommended  REMARKS (If not	bility Leave (Provide Provide Evidence) Provide Evidence) Provide Evidence) Special Leave Office Bearers (Pro Specify Unit have acquainted myse ation in this regard may apped leave as at 30 J	ovide Evid ovide Evid on Affiliat if of my ava of form groun une 2000 wi	dence) dence) tion iilable lea d for disc iil be auto	ciplinary a comatically Re	commend nmended the dates	lation by	fully understar	r/Manager (	Mark with	DATE	the state of the s	t the informati	m m m m m m m m m m m m m m m m m m m	is correct ave cycle t	Any o cover for	
Family Responsil Pre-natal Leave (I Paternity Leave (I Special Leave Specify Type of S Leave for Union S Leave for Union S I hereby certify that I falsification of informa my application, my ca  EMPLOYEE SIGN  Recommended  REMARKS (If not MANAGER'S/SUP	bility Leave (Provide Provide Evidence) Provide Evidence) Provide Evidence) Provide Evidence) Special Leave Office Bearers (Pro Shop Stewards (Pro Specify Unit have acquainted myse ation in this regard may apped leave as at 30 J	ovide Evid ovide Evid oor Affiliat of of my ava of form groun une 2000 wi	lence) dence) tion iilable lea d for dist iill be auto	Re of Records &	commend nmended the dates	lation by	y Supervisor ase of resch	r/Manager ( neduling): tment (Mark	Mark with  with X) t Pay	DATE	the state of the s	t the information my previous	m m m m m m m m m m m m m m m m m m m	ave cycle to	Any o cover for	
Family Responsil Pre-natal Leave (I Paternity Leave (I Special Leave Specify Type of S Leave for Union S Leave for Union S I hereby certify that I falsification of informa my application, my ca  EMPLOYEE SIGN Recommended REMARKS (If not MANAGER'S/SUP	bility Leave (Provide Provide Evidence) Provide Evidence) Provide Evidence) Provide Evidence) Special Leave Office Bearers (Pro Specify United Providence) have acquainted myselation in this regard may apped leave as at 30 J	ovide Evid ovide Evid ovide Evid on Affiliat elf of my ava form groun une 2000 wi	lence) dence) tion iilable lea d for dist iill be auto	Re of Records &	commend nmended the dates	lation by	y Supervisor ase of resch	r/Manager ( neduling): tment (Mark	Mark with  with X) t Pay	DATE	the state of the s	t the information my previous	m m m m m m m m m m m m m m m m m m m	ave cycle to	Any o cover for	
Family Responsil Pre-natal Leave (I Paternity Leave (I Special Leave Specify Type of S Leave for Union S Leave for Union S I hereby certify that I falsification of informa my application, my ca  EMPLOYEE SIGN Recommended REMARKS (If not MANAGER'S/SUP	bility Leave (Provide Provide Evidence) Provide Evidence) Provide Evidence) Provide Evidence) Special Leave Office Bearers (Pro Specify Unit have acquainted myseletion in this regard may apped leave as at 30 J  MATURE  PERVISOR'S SIGNAL III Pay Proved with a change of the provide with a change of the prov	ovide Evid ovide Evid ovide Evid on Affiliat elf of my ava form groun une 2000 wi	lence) dence) tion iilable lea d for dist iill be auto	Re of Records &	commend nmended the dates	in the call by Hea	y Supervisor ase of resch	r/Manager ( heduling): tment (Mark ved Without	Mark with  with X) t Pay	DATE DATE	the state of the s	t the information my previous	m m m m m m m m m m m m m m m m m m m	ave cycle to	Any o cover for	
Family Responsil Pre-natal Leave (I Paternity Leave (I Special Leave Specify Type of S Leave for Union S Leave for Union S I hereby certify that I falsification of informa my application, my ca  EMPLOYEE SIGN  Recommended  REMARKS (If not  MANAGER'S/SUP  Approved With For REMARKS (If app	bility Leave (Provide Provide Evidence) Provide Evidence) Provide Evidence) Provide Evidence) Special Leave Office Bearers (Pro Specify Unit have acquainted myseletion in this regard may apped leave as at 30 J  MATURE  PERVISOR'S SIGNAL III Pay Proved with a change of the provide with a change of the prov	ovide Evid ovide Evid on Affiliat elf of my ava of form groun une 2000 wi ease state  ATURE  ge in cond	lence) dence) tion iilable lea d for dist iill be auto	Re ot Recor sons &	commend mmended the dates  Approva	lation by in the call by Hea	y Supervisor ase of resch ad of Depart Approved, please pr	r/Manager ( heduling): tment (Mark ved Without rovide moti	Mark with  K with X) t Pay vation):	DATE DATE	the state of the s	t the information my previous	m m m m m m m m m m m m m m m m m m m	ave cycle to	Any o cover for	

Applications in respect of sick leave of three or more days must be accompanied by a medical certificate issued by a registered medical practitioner.

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.