

## 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 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   | 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)  |  |                 |  |
| Pre-natal Leave (Provide Evidence)   |  |                 |  |
| 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   |
| Annual Leave   |  |                 | Number of Hours/ Minutes                                 |
| 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  |
| <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 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></p> |  |                 |  |
| EMPLOYEE SIGNATURE _____   |  | DATE _____      |  |

<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.



