

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									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.														
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																							
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.																							
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):																							
SIGNATURE OF HOD OR DESIGNEE									DATE														
Data Capturing																							
Captured By: _____				Captured On: _____				Signature: _____															
Checked By: _____				Checked On: _____				Signature: _____															