

**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.:									
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					
<p><i>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.</i></p>											
EMPLOYEE SIGNATURE						DATE					
<p align="center"><b>Recommendation By Supervisor/Manager (Mark with X)</b></p>											
Recommended		Not Recommended		Rescheduled							
<p><b>REMARKS (If not recommended please state the reasons &amp; the dates in the case of rescheduling):</b></p> <p>_____</p> <p>_____</p>											
MANAGER'S/SUPERVISOR'S SIGNATURE						DATE					
<p align="center"><b>Approval By Head of Department (Mark With X)</b></p>											
Approved With Full Pay		Approved Without Pay		Not Approved							
<p><b>REMARKS (If approved with a change in condition of payment or not approved, please provide motivation):</b></p> <p>_____</p> <p>_____</p>											
SIGNATURE OF HOD OR DESIGNEE						DATE					
<p align="center"><b>DATA CAPTURING</b></p>											
CAPTURED BY:.....						CAPTURED ON:.....					
CHECKED BY:.....						CHECKED ON:.....					

<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.