SCHEDULE
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) *Note: Completion is* <u>not required</u> *if the supervisor/manager is also the delegated authority responsible to approve the application*

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 Executive Authority, Head of Department or Designee (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 EXECUTIVE AUTHORITY, HOD OR DESIGNEE   DATE

Data Capturing

Captured By:_____   Captured On _____   Signature_____

Checked By:_____   Checked On:_____ Signature_____