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Contents*No.**Gazette Page
No. No.***GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS****Public Service and Administration, Department of / Staatsdiens en Administrasie, Departement van**

429	Public Service Regulations, 2016: Notice in terms of the Public Service Regulations, 2016: Amendment of Z1 (a) application for leave of absence form	44592	3
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GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION

NO. 429

19 May 2021

**NOTICE IN TERMS OF THE PUBLIC SERVICE REGULATIONS, 2016: AMENDMENT
OF Z1 (a) APPLICATION FOR LEAVE OF ABSENCE FORM**

I, Mr Senzo Mchunu, Minister for the Public Service and Administration, hereby, in terms of regulation 10(4), read with regulation 10(1), of the Public Service Regulations, 2016 (promulgated under Government Notice No. R. 877 of 29 July 2016), as amended, amend the official form **Z1 (a) (Application for leave of absence)** with effect from date of publication.

Signed at PRETORIA on this 16 day of 04 2021.

**MR SENZO MCHUNU, MP****MINISTER FOR THE PUBLIC SERVICE AND ADMINISTRATION**

Z1 (a)

**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				

* 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	

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