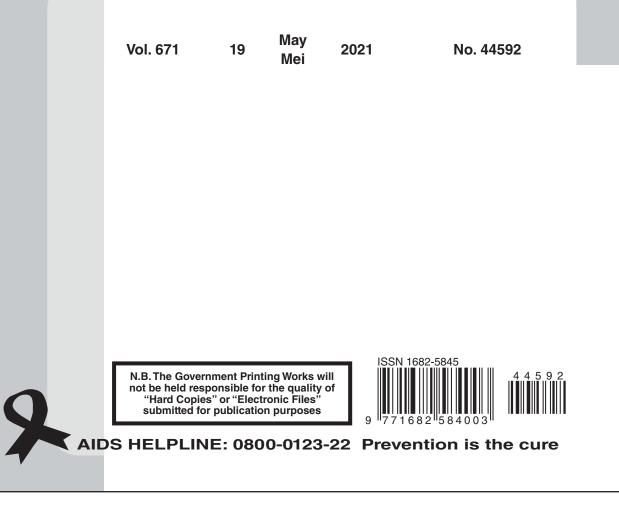


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# GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

## 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  $\underline{P_{2F_{2}TOD1P_{3}}}$  on this  $\underline{16}$  day of  $\underline{09}$  2021.

What An

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

#### SCHEDULE APPLICATION FOR LEAVE OF ABSENCE

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PERSAL Numbe	er:								Shift Work	(er		Yes		No	
Address during the Leave Period:								ł	Casual En	Casual Employee Yes No					
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									Component						
Tol No.	Tel. No.:														
SECTION A: For Periods covering a full day Type of Leave Taken as Working Days								Start Da	art Date End Date		te	Number of Working Days			
Annual Leave															
Normal Sick Leave (Provide supporting evidence when applicable)								+			6 N- d F	Al		alk and for a	anna af tha
Temporary Incapacity Leave								nporary incapacity leave must be applied for on the application form prescribed in term icy and Procedure on Incapacity Leave and III-health Retirement for Public Service Employ							
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			widelic	~)		· · · · · · · · · · · · · · · · · · ·	~~~~	1		1		L			
Leave for Union	Office Beare	ers (Prov								1					
Leave for Unior	n Shop Stewa					lence)		<u> </u>		1		l			
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)) Surrogacy Leave: Committing Parent (Provide supporting evidence)											No. of Calendar Months No. of Calendar Months				
Surrogacy Leave: Community Parent (Provide supporting evidence)									1		No of weeks				
						STOL STOL STOL STOL									
SECTION B: Fo Type of Leave 1			day or	r fracti	ons	Date		Start T	ima T	End Time	Number of	Joure! Mi	outoe		
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Normal Sick Le											*****	h	m		
Family Response					videnc	ce)						h h			
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Special Leave												h	m		
Specify Type of Special Leave Leave for Union Office Bearers (Provide supporting evidence)										T		h	m		
Leave for Unior	h Shop Stewa	rds (Pro	vide su	pporti	ng evic	lence)						h	m		
		cify Unio							<		Cudhan I an andif	ing that the infer			ant Anu
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for my application,	my capped leav	ie as at 30	June 20	i00 will b	e autom	alically ut	ilised.								
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															
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#### Z1 (a)

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