



Isalathiso: 20181129-9262
Inombolo yefayili: 3/3/2/4/3
Imibuzo: IZiko leeFoni

ISetyhula: 0001/2019

Umhla wokuphelelwa: Awukho

Iya: KumaSekela Balawuli-Jikelele, kuBalawuli abaziiNtloko, kumaSekela Balawuli, kuBaphathi beeSekethe, nakwiiNtloko zamaziko emfundo

Isishwankathelo esifutshane: *Le setyhula yazisa abasebenzi ngeFom yeKhefu (Z1a) ekhutshwe liSebe leNkonzo kaRhulumente nezolawulo nge-12 Oktobha 2018.*

Isihloko: IFom yeKhefu eNtsha (Z1a) equka ikhefu lomsebenzi ozalela omnye (surrogate leave) omnye kootitshala nabasebenzi benkonzo karhulumente

1. Le setyhula ithatha indawo yeesetyhula zangaphambili eziphathelele kwiFom yeKhefu (Z1a) neentlobo ezahlukeneyo zekhefu elifumaneka kuyo. ISebe leMfundo leNtshona Koloni kuyanzelekile lazise abasebenzi ngale fom yekhefu entsha ebandakanya **ikhefu lomsebenzi ozalela omnye (surrogate leave) elenzelwe ootitshala nabasebenzi benkonzo karhulumente.**

2. Ikhefu lokondla (adoption) nelokuzalela omnye (surrogacy leave)

I-Public Service Coordinating Bargaining Council) (PSCBC) kwiSigqibo 1 sika-2018, nge-08 Juni 2018, ngoku yenza isibonelelo sokulandelayo:

- a) Umsebenzi, owondla umntwana (*adopts*) ongaphantsi kweminyaka emibini yobudala, uya kulifanela ikhefu lokondla umntwana ubuninzi beentsuku zokusebenza eziyi-45.
- b) Ukuba bobabini abatshatleyo okanye abalingane abangoondofanaye (*spouse or life partners*) baqeshwe kwinkonzo karhulumente, bobabini abalingane baya kulifanela ikhefu lokondla ukuba elo khefu lithathiweyo aligqithi kwiintsuku zokusebenza eziyi-45.
- c) Amalungiselelo ekhefu lokuzalela omnye ngoku ayasingathwa ngokomyalelo weNkundla ePhakamileyo. Ikopi yomyalelo wenkundla ololo hlobo iya kwanela njengobungqina obaneleyo bomzali ukufumana ikhefu lokuzalela omnye.

3. Ukuphuyezwa kwesi sibonelelo

Ngokuphunyezwa kwesi sibonelelo sitsha iFom yeKhefu (Z1a) ifakelwe izilungiso yi-DPSA ukuquka ikhefu lomsebenzi ozalela omnye elenzelwe ootitshala nabasebenzi bakarhulumente. Olu hlobo lutsha lweFom yeKhefu (Z1a) ngoku malusetyenziselwe kuzo ZONKE izicelo zekhefu.

4. Kucelwa wazise okukule setyhula bonke abachaphazelekayo ukuze bakuthathele ingqalelo.

ISAYINWE: NGU-BK SCHREUDER

INTLOKO YESEBE LEMFUNDO

UMHLA: 2019-01-09

APPLICATION FOR LEAVE OF ABSENCE

Surname		Initials:		
PERSONAL Number:		Shift Worker	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address during the Leave Period:		Casual Employee	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		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	<i>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.</i>			
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>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.</i>				
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		