



Verwysing: 20181129-9262
Lêernommer: 3/3/2/4/3
Navrae: Inbelsentrum

Omsendbrief: 0001/2019
Vervaldatum: Geen

Aan: Adjunk-direkteurs-generaal, Hoofdirekteure, Direkteure, Adjunkdirekteure,
Kringbestuurders en Hoofde van opvoedkundige inrigtings

Kort opsomming: *Hierdie omsendbrief lig personeel in oor die nuwe Verlofvorm (Z1a) uitgereik deur die Departement van Staatsdiens en Administrasie (DSA) op 12 Oktober 2018.*

Onderwerp: Nuwe Verlofvorm (Z1a) wat surrogaatmoederskapsverlof vir opvoeders en staatsdienspersoneel insluit

1. Hierdie omsendbrief vervang alle vorige omsendbriewe oor Verlofvorm (Z1a) en die verskillende verloftipes wat dit insluit. Die Wes-Kaap Onderwysdepartement is verplig om personeel in te lig oor die nuwe verlofvorm wat **surrogaatmoederskapsverlof vir beide opvoeders sowel as staatsdienspersoneel insluit**.

2. Aannemings- en surrogaatmoederskapsverlof

Staatsdiens Koördineringsbedingingsraad (SDKBR)-resolusie 1 van 2018, gedateer 08 Junie 2018, maak nou voorsiening vir die volgende:

- 'n Werknemer wat 'n kind jonger as twee jaar aanneem, sal vir aannemingsverlof tot 'n maksimum van 45 werksdae kwalifiseer.
- As beide ouers of lewensmaats in die staatsdiens werk, sal beide gades vir aannemingsverlof kwalifiseer met dien verstande dat die gesamentlike verlof nie 45 werksdae oorskry nie.
- Reëlings oor surrogaatmoederskap word tans deur 'n Hooggeregshofbevel hanteer. 'n Afskrif van sodanige hofbevel sal voldoende bewys wees vir 'n ouer om toegang tot surrogaatmoederskapsverlof te kry.

3. Implementering

Verlofvorm (Z1a) is gewysig deur die DSA om hierdie nuwe bepaling oor surrogaatmoederskapsverlof vir beide opvoeders en staatamptenare in te sluit. Hierdie nuwe weergawe van Verlofvorm (Z1a) moet nou gebruik word vir ALLE verlofaansoeke.

4. Bring asseblief die inhoud van hierdie omsendbrief onder die aandag van alle betrokkenes.

GETEKEN: BK SCHREUDER

HOOF: ONDERWYS

DATUM: 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		