

APPLICATION FOR LEAVE OF ABSENCE

Surname								Initials:						
PERSAL Number:								Shift Worker	Yes		No			
Address during the Leave Period:								Casual Employee	Yes		No			
								Department						
								Component						

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 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)

Recommended		Not Recommended		Rescheduled	
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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	
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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 _____



PROTOKOL VIR GEWONE SIEKVERLOF, ONGESKIKTHEIDSVLOF EN AFTREDE WEENS SWAK GESONDHEID

1. Die prinsipaal of sy/haar verteenwoordiger moet personeelbewoning voor 10:00 op die Mensbestuurpraktykestelsel (PMPS) bywerk. As bywoning om een of ander rede nie voor 10:00 bygewerk kan word nie, moet die kringbestuurder in kennis gestel word om hom/haar toe te laat om die bywoning op die PMPS by te werk.
2. Toesighouers/lynbestuurders moet werknemers se verlofregisters hou om verlofpatrone onder hul personeel te bestuur en te monitor.
3. Prinsipale en toesighouers/lynbestuurders moet 'n weeklikse verslag van die PMPS opstel, die data analyseer, patrone identifiseer en ingryp om ondersteuning te bied om effektiewe onderrig en leer te verseker.
4. Alle aansoeke om verlof binne die geregtigde 36-dae vir siekverlof, moet op 'n Z1(a)-verlofvorm ingedien word (met [n] mediese sertifikaat/sertifikate daarby aangeheg, indien nodig). Die algemene reël dat aansoeke om siekverlof vooraf of moontlik binne twee werksdae na die eerste dag van afwesigheid ingedien moet word, moet te alle tye **nagekom** word.
5. Prinsipale en toesighouers/lynbestuurders moet voltooide aansoekvorms om verlof op die PMPS **laai** wat dan binne **10 dae** vanaf die datum waarop die verlof geneem is, verwerk moet word. 'n Afskrif van die voltooide vorm moet vir rekorddoeleindes deur die aansoeker se prinsipaal of toesighouer/lynbestuurder bewaar word. **Geen harde kopieë moet by Hoofkantoor ingedien word nie.**
6. Die tydige indiening van verlofvorms sal die effektiewe bestuur van 'n werknemer se siekverlof moontlik maak en die Wes-Kaap Onderwysdepartement (WKOD) toelaat om 'n akkurate rekord van werknemers se verlof op enige gegewe tydstep te lewer. **As 'n prinsipaal nie aan die bostaande opdrag voldoen nie, sal tugstappe teen hom/haar ingestel word.**
7. Werknemers wat aansoek doen om verlof, moet die Z1(a)-verlofvorm vir staatsamptenare onderteken, en die afdeling "Recommendation by Supervisor/Manager", moet deur die toesighouer/lynbestuurder voltooi en onderteken word.

8. Opvoeders wat aansoek doen om verlof, moet die Z1 (a)-verlofvorm vir opvoeders onderteken, en die afdeling "Recommendation by Supervisor/Manager" moet deur die prinsipaal of toesighouer/lynbestuurder voltooi en onderteken word.
9. Waar die prinsipaal of toesighouer/lynbestuurder nie 'n aansoek om siekverlof aanbeveel nie, moet hy/sy die redes aan die betrokke werknemer asook die WKOD verskaf.
10. Die oormatige gebruik van siekverlof het 'n groot bron van kommer in die openbare sektor geword, aangesien dit die werkgewer se verbintenis tot dienslewering beïnvloed. Daar word dus sterk klem gelê op die gebruik en bestuur van verlof, veral siekverlof, en die bogenoemde protokol plaas 'n verpligting op beide die werkgewer en werknemer om aan die voorgeskrewe vereistes in hierdie verband te voldoen. Werknemers moet daarop let dat hulle verplig is om, binne vyf dae na hulle daarvan bewus geword het dat hulle sodanige verlof benodig of nodig het, aansoek te doen vir tydelike ongeskiktheidsverlof.
11. Prinsipale en toesighouers/lynbestuurders se aandag word gevestig op "Protocol: Addressing absenteeism in the Western Cape Education Department, 2018" (Bylae C) om siekverlof/afwesigheid te bestuur.
12. **Vir elke 15 agtereenvolgende dae waar verlof sonder betaling geneem word, sal die werknemer se reg op siekverlof verminder met 1/36^{ste} (een dag) van die verlofsiklus in die geval van opvoeders, en 1/72^{ste} ('n halwe dag) in die geval van staatsdienswerkers.**

DPSA APPLICATION CHECKLIST

Application type	
Employee Name	
Institution/ Department	
Application period	

	Yes/No	Comments
Consent form (signed consent form compulsory)		
Employer statement (applicable to LP and IHR applications)		
Employee statement (applicable to LP and IHR applications)		
Sick Leave Record <ul style="list-style-type: none"> first time applications submit the previous and current sick leave cycles persal records repeat applications submit the current sick leave cycle persal records leave forms for the sick leave cycles are optional 		
Medical certificates <ul style="list-style-type: none"> first time applications submit the previous and current sick leave cycles medical certificates repeat applications if all the medical certificates for the current sick leave cycles have been submitted previously submit the medical certificates applicable to the period being applied for 		
Medical reports/ statement by attending doctor <ul style="list-style-type: none"> compulsory for LP and IHR applications (please note that specialist reports and the statement by attending doctor must not be older than 6 months) 		
Additional Reports and Collateral Information <ul style="list-style-type: none"> Report by line manager/HR EAP reports/EAP manager referrals Pathology/Radiology Reports Psychologist reports 		
ADDITIONAL COMMENTS (OPTIONAL):		