

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

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 _____	



**IMIGQALISELO YEKHEFU LOKUGULA ELIQHELEKILEYO, EYEKHEFU LOKUNGAKWAZI
UKUSEBENZA NGENXA YOKUNGAPHILI, NOKUTHATHA UMHLALA-PHANTSI NGENXA
YOKUGULA**

1. Inqununu okanye umntu edlulisele kuye amagunya makafake iinkcukacha zokubakho kwabasebenzi emsebenzini (*staff attendance*) kwi-*People Management Practices System (PMPS)* phambi ko-10:00. Ukuba ngaso nasiphi na isizathu akunako ukufakwa kweenkcukacha zokubakho kwikhompyutha komqeshwa emsebenzini phambi ko-10:00, umphathi weseke the makaziswe ukwenzela ukuba yena azifake iinkcukacha zokubakho komsebenzi emsebenzini kwi-*PMPS*.
2. Iisuphavayiza/abaphathi bamacandelo (*line managers*) mabagcine iirekhodi zeerejista zekhefu zabaqeshwa ukulawula nokubeka esweni okuqhubeka kwikhefu (*leave trends*) phakathi kwabasebenzi babo.
3. Iinqununu neesuphavayiza/nabaphathi bamacandelo mababhale ingxelo esuselwa kwi-*PMPS* qho ngeveki, bahlalutye idatha, baqaphele okuqhubekayo (*trends*) yaye bangenelele ngoncedo ukunika inkxaso ukuqinisekisa ukufundisa nokufunda okuyimpumelelo.
4. Zonke izicelo zekhefu kwithuba elililungelo leentsuku eziyi-36 zekhefu lokugula (*sick leave entitlement*) mazingeniswe kwifom *Z1(a) leave form* (kunye nencwadi yokugula kagqirha (*neencwadi zokugula zikagqirha (medical certificate(s))*) iqhotyoshelwe kuyo, ukuba kuyimfuneko). Umgaqo oqhelekileyo wokuba izicelo zekhefu lokugula kufuneka apho kunokwenzeka, zingeniswe kwangaphambili okanye kwithuba leentsuku ezimbini zomsebenzi zosuku lokuqala lokungabikho emsebenzini, **mawulandelwe mbo** ngawo onke amaxesha.
5. Iinqununu neesuphavayiza/nabaphathi bamacandelo **mabazifake (upload)** iifom zezicelo zekhefu ezizalisiweyo kwi-*PMPS* ukwenzela ukusingathwa kwazo zingadlulanga **iintsuku eziyi-10** zomhla ekuthathwe ngawo ikhefu. Ikopi yefom ezalisiweyo mayigcinwe yinqununu okanye yisuphavayiza okanye ngumphathi wecandelo womezi-sicelo ukwenzela iinjongo zeerekhodi. **Makungangeniswa zikopi ziprintiweyo kwaNdlunkulu.**

6. Ukungeniswa kwangexesha kweefom zekhefu kuya kuvumela ulawulo oluyimpumelelo lwekhefu lokugula lomqeshwa yaye kubangela iSebe leMfundo leNtshona Koloni (ISebe iWCED) ukuba libonelele ngerekhodi echanekileyo yekhefu labaqeshwa nangaliphi na ixesha. **Ukuba inqununu ayiwuthobeli lo myalelo ungentla, kuya kuthathwa amanyathelo oluleko ngakuyo.**
7. Izicelo zekhefu kwifom yekhefu engu-Z1(a) kubasebenzi benkonzo karhulumente mayisayinwe ngumqeshwa owenza isicelo sekhefu yaye icandelo "*Recommendation by Supervisor/Manager*" section, malizaliswe yaye lisayinwe yisuphavayiza/ngumphathi wecandelo.
8. Izicelo zekhefu kwifom yekhefu engu-Z1(a) zootitshala, zootitshala abasezi-ofisini nezabaqeshwa benkonzo karhulumente mazisayinwe ngumqeshwa owenza isicelo sekhefu yaye icandelo "*Recommendation by Supervisor/Manager*" section, malizaliswe yaye lisayinwe yinqununu okanye yisuphavayiza/ngumphathi wecandelo.
9. Kwimeko apho inqununu okanye isuphavayiza/umphathi wecandelo angasivumiyo isicelo sekhefu lokugula, makazinike umqeshwa ochaphazelekayo neSebe iWCED izizathu zoko.
10. Ukusetyenziswa kwekhefu lokugula ngokugqithisileyo kuye kusiba ngoyena nobangela ungunoqo wenkxalabo kwicandelo lenkonzo karhulumente, njengoko kuchaphazela ukuzibophelela komqeshi ekwenzeni inkonzo. Makugxininiswe ngamandla ke ngoko ekusetyenzisweni nakulawulo lwekhefu, ingakumbi ikhefu lokugula, yaye le migqaliselo ikhankanywe ngentla iyimbophelelo esisinyanzelo kumqeshi nakumqeshwa sokuba bazithobele iimfuno ezimiselweyo zemigqaliselo emalunga noku. Abaqeshwa bamele ukuqaphela ukuba banyanzelekile benze isicelo sekhefu lokungabinako ukusebenza okwethutyana (*temporary incapacity leave*) zingadlulanga iintsuku ezintlanu emva kokuba bethe banolwazi lokuba bafuna okanye banokufuna ikhefu elilolu hlobo.
11. Iinqununu neesuphavayiza/nabaphathi bamacandelo mabafunde uxwebhu *Protocol: Addressing absenteeism in the Western Cape Education Department, 2018 (Annexure C)* ukulawula ikhefu lokugula/ukungabikho emsebenzini kwabaqeshwa.
12. **Kwikhefu leentsuku eziyi-15 ezilandelelanayo ngalinye (15 consecutive days' leave) ngaphandle kwentlawulo elithathiweyo, ilungelo lekhefu lomqeshwa (sick leave entitlement) lincitshiswa ngo-1/36 (usuku olunye) lomjikelo wekhefu kwimeko yootitshala nango-1/72 (ihafu yosuku) kwimeko yabaqeshwa benkonzo karhulumente.**

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):		