

Surname:		Initials:				
PERSAL Number:		Contract Educator		Yes	No	
Address during leave:		Substitute Educator		Yes	No	
		Department				
		District				
		School				
TEL/CELL:		Pay Point				
SECTION A						
Type of Leave Applied for as Working days			Start Date	End Date	Number of Working days	
Capped Leave (only applicable to educators with capped leave)						
Normal Sick Leave (this application form must not to be used for PILIR applications)						
Leave For Occupational Injuries and Diseases						
Adoption and Surrogacy Leave						
Family Responsibility Leave (Provide Evidence)						
Urgent Private Matters (for interpretation, refer to the section in the PAM)						
Pre-Natal Leave (provide evidence)						
SECTION B						
Specify Type Special Leave (the number of days are prescribed in the Leave Measures)						
Type of Leave Taken as Calendar Days/Months			Start Date	End Date	Number of Calendar Days	
Unpaid Leave (Attach Motivation)						
Maternity Leave (Attach Medical Certificate)					No. Of Calendar Months I	
SECTION C: For Periods covering parts of the day or fractions						
Type of Leave Applied for as Working Days and Calendar Days (unpaid leave)			Date	Start Time	End Time	N. of Hours/Minutes
Capped Leave (only applicable to educators with capped leave)						h in
Normal Sick Leave						h m
Family Responsibility Leave (Provide Evidence)						h in
Special Leave						h m
Urgent Private Matters						h in
Pre-Natal Leave						
<i>I hereby certify that the information provided is correct.</i>						
EMPLOYEE SIGNATURE			DATE			
Recommendation by Supervisor/Manager (Mark with X)						
Recommended		Not Recommended				
REMARKS (If not recommended please state the reasons & the dates in the case of rescheduling):						
MANAGER/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			
CAPTURED BY _____		CAPTURED ON _____		SIGNATURE _____		
CAPTURED BY _____		CAPTURED ON _____		SIGNATURE _____		