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EZ1 - APPLICATION FOR LEAVE OF ABSENCE

Cancellation ☐

Employee Details

PERSAL No: | ID No: | Initials

Surname

☐ Shift Worker ☐ Casual Employee

Department of..... eg: Agriculture

Address and Telephone Number While on Leave:

Type of Leave	Start Date (YYYYMMDD eg. 20030813)	End Date	No. of Days	Subcategory Code
Annual Leave				
Normal Sick Leave*				
Temporary Disability Leave*				
Permanent Disability Leave*				
Leave for Occupational Injuries and Diseases*				
Adoption Leave*				
Family Responsibility Leave*				
Special Leave*				
Leave for Union Office Bearers*				
Unpaid Leave*			Calendar Days:	
Maternity Leave*			Calendar Months:	

***Supporting documentation must be submitted to supervisor.**

I hereby certify that the information provided is correct. Any falsification of information in this regard may form grounds for disciplinary action. Furthermore, I fully understand that if I do not have sufficient leave from my previous or current leave cycle to cover my application, my capped leave as at 30 June 2000 will automatically be utilised, failing leave without pay which will come into effect.

Employee Signature:

Date (YYYYMMDD eg. 20030813)

Recommendation by Supervisor/Manager

☐ Recommended ☐ Not Recommended ☐ Rescheduled

Supervisor Signature:

☐ Supporting Documents Attached Date (YYYYMMDD eg. 20030813)

If unpaid leave, deduct ☐ **All at once**

If unpaid leave, deduct ☐☐ **No. of days per month**

Effective from:

Remarks: If not recommended please state the reasons and the dates in case of rescheduling

Approved by Head of Department

☐ Approved with Full Pay ☐ Approved without Pay ☐ Not Approved

Signature of HOD or Designee:

Date (YYYYMMDD eg. 20030813)

Remarks: If approved with change in conditions of payment or not approved, please provide motivation

Checked by Human Resources

Name

HR Signature:

I hereby certify that the supporting documentation is correct and has been placed on the personnel file.

Date (YYYYMMDD eg. 20030813)