



Reference: 20181129-9262
File no.: 3/3/2/4/3
Enquiries: Call Centre

Circular: 0001/2019
Expiry date: None

To: Deputy Directors-General, Chief Directors, Directors, Deputy Directors, Circuit Managers and Heads of educational institutions

Short summary: *This circular informs staff of the new Leave Form (Z1a) issued by the Department of Public Service and Administration (DPSA) on 12 October 2018.*

Subject: New Leave Form (Z1a) which includes surrogacy leave for educators and public service staff

1. This circular replaces all previous circulars pertaining to the Leave Form (Z1a) and the different types of leave contained therein. The Western Cape Education Department is obliged to inform staff of the new leave form which includes **surrogacy leave for both educators and public service staff**.

2. **Adoption and surrogacy leave**

Public Service Coordinating Bargaining Council (PSCBC) Resolution 1 of 2018, dated 08 June 2018, now makes provision for the following:

- a) An employee, who adopts a child that is younger than two years, shall qualify for adoption leave to a maximum of 45 working days.
- b) If both spouses or life partners are employed in the public service, both partners will qualify for adoption leave provided that the combined leave taken does not exceed 45 working days.
- c) Surrogacy arrangements are currently dealt with through an order of the High Court. A copy of such court order would suffice as sufficient proof for a parent to access surrogacy leave.

3. **Implementation**

With this new provision the Leave Form (Z1a) has been amended by the DPSA to include surrogacy leave for both educators and public servants. This new version of the Leave Form (Z1a) must now be utilised for ALL leave applications.

4. Please bring the contents of this circular to the attention of all concerned.

SIGNED: BK SCHREUDER

HEAD: EDUCATION

DATE: 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 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	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
Rescheduled	<input type="checkbox"/>		

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	<input type="checkbox"/>	Approved Without Pay	<input type="checkbox"/>
Not Approved	<input type="checkbox"/>		

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: _____	