

**APPLICATION FOR LEAVE OF ABSENCE: SCHOOL BASED EDUCATORS**

**Annexure H.1**

<b>Surname:</b>										<b>Initials:</b>													
<b>PERSAL Number:</b>										<b>Contract Educator:</b>										<b>Yes</b>		<b>No</b>	
<b>Address during leave:</b>										<b>Substitute Educator:</b>										<b>Yes</b>		<b>No</b>	
										<b>Department:</b>													
										<b>District:</b>													
<b>Tel/Cell No:</b>										<b>School:</b>													
<b>Email Address</b>										<b>Pay Point:</b>													

**SECTION A: For Periods covering a full day**

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 (Provide supporting evidence when applicable)			
Temporary Incapacity Leave	<small>This application form must not be used to apply for temporary incapacity leave. 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</small>		
Leave for Occupational Injuries and Diseases (Provide supporting evidence)			
Adoption Leave (Provide supporting evidence)			
Family Responsibility Leave (Provide supporting evidence)			
Urgent Private Matters (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	Start Date	End Date	Number of Working days
Unpaid Leave (Provide motivation)			
Maternity Leave (Provide supporting evidence)			<b>No. of Calendar Months</b>
Surrogacy Leave: Committing Parent (Provide supporting evidence)			<b>No. of Calendar Months</b>
Surrogacy Leave: Surrogate mother (Provide supporting evidence)			<b>No. of Weeks</b>

**SECTION B: 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	Number of Hours/Minutes
Capped Leave (only applicable to educators with capped leave)				h m
Normal Sick Leave				h m
Family Responsibility Leave (Provide supporting evidence)				h m
Urgent Private Matters (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 the information provided is correct. 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) Note: Completion is not required if the supervisor/manager is also the delegated authority responsible to approve the application**

<b>Recommended</b>	<input type="checkbox"/>	<b>Not Recommended</b>	<input type="checkbox"/>	<b>Rescheduled</b>	<input type="checkbox"/>
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**REMARKS (If not recommended please state the reasons & the dates in the case of rescheduling):**

\_\_\_\_\_

\_\_\_\_\_  
MANAGER/SUPERVISOR'S SIGNATURE \_\_\_\_\_  
DATE

**Approval by Executive Authority, Head of Department or Designee (Mark with X)**

<b>Approved With Full Pay</b>	<input type="checkbox"/>	<b>Approved Without Pay</b>	<input type="checkbox"/>	<b>Not Approved</b>	<input type="checkbox"/>
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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 \_\_\_\_\_