

<b>Annexure A to Leave Policy</b>	<h1>Leave Application Form</h1>	 <b>UBUNTU</b> <small>G•R•O•U•P</small>
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**NOTES:**

- This form must be completed by Staff when applying for any type of leave.
- This completed and signed form must be submitted to HR for processing before commencement of leave or, in the event of Sick Leave immediately on return to work.
- Relevant documentation i.e. Medical Certificates, Death Certificates must be attached to this form when submitting to HR.
- **The period of leave given below should reflect your first day and last day on leave.**

PERSONAL DETAILS:				
First Name			Surname	
Employee Code		Department		

LEAVE DETAILS:								
<b>ANNUAL</b>	From (first day off)	Pick date by dropdown	To (last day off)	Pick date by dropdown	Nr of days			
<b>SICK</b> Monthly salary will be reduced once sick leave full pay is used up	From (first day off)	Pick date by dropdown	To (last day off)	Pick date by dropdown	Nr of days			
	<i><b>Note:</b> Please attach a medical certificate when more than 2 calendar days are taken or where absence exceeds more than 2 occasions in an eight week cycle. The certificate should cover the full period of absence.</i>					Certificate attached (tick)	Y	N
	<i><b>Note:</b> Please attach a medical certificate reflecting probable due date or indicate by way of supporting documents that parental leave is for an adoption.</i>							
<b>FAMILY RESPONSIBILITY. BCEA</b> 3 Days for Permanent staff who are employed for more than 4 Months.	From	Pick date by dropdown	To	Pick date by dropdown	Certificate attached (tick)	Y	N	
	Reason	Illness of a child <input type="checkbox"/> Death <input type="checkbox"/>						
	If death, deceased is my	Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Grand Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/>						
	<i><b>Note:</b> In the case of a death, please attach a death certificate. For illness a medical certificate is required. Any further applications for family responsibility leave within the same cycle will be unpaid.</i>							
<b>UNPAID</b>	From	Pick date by dropdown	To	Pick date by dropdown	Nr of days			
	Reason							
<b>AWOL</b>	From	Pick date by dropdown	To	Pick date by dropdown	Nr of days			

AUTHORISATION:	PRINT NAME	SIGNATURE	CONTACT NO.	DATE
Applicant				
Line Manager/Head of Department				
HR Administration				