

# NYANDENI LOCAL MUNICIPALITY

**PHYSICAL ADDRESS:**  
**Municipality Building**  
**B.N. Nomandela Drive**  
**LIBODE**

**POSTAL ADDRESS:**  
 Private Bag X 504  
 LIBODE  
 5160



Tel: 047 555 0278  
 047 5555 023

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[www.nyandenilm.gov.za](http://www.nyandenilm.gov.za)

*"Deciding with the people, not for the people"*

## PUBLIC HOLIDAY/SUNDAY WORK CLAIM FORM

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Post: \_\_\_\_\_ Department: \_\_\_\_\_

DATE	TIME IN	TIME OUT	NUMBER OF HOURS WORKED	NAME AND SIGNATURE OF SUPERVISOR
TOTAL NUMBER OF HOURS WORKED				

### DECLARATION BY CLAIMANT

I certify that the registered hours are correct and that I will keep the details which explain/authorise/make up the claim for a minimum period of 2 years and are hereby attached

.....  
 Claimant

.....  
 Date

### RECOMMENDATION

1. I herewith declare that:
  - 1.1 The hours with regard to this claim have been checked against the member's daily records which explain/authorise/make up the claim;
  - 1.2 I have satisfied myself that all the hours were covered for official purposes and were absolutely necessary in the interest of the municipality and that no other more economic/practical arrangements could be made in this regard;
2. Payment recommended/rejected/amended

.....  
 Name of Head of Department

.....  
 Signature of Head of Department

.....  
 Date

\_\_\_\_\_  
 Approval by Municipal Manager

\_\_\_\_\_  
 Date

