

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

Fax: 047 555 0202

Email:
www.nyandenilm.gov.za

"Deciding with the people, not for the people"

SATURDAY/EXTRA HOURS PRE-AUTHORISATION FORM

Name: _____ Surname: _____

Post: _____ Department: _____

| Starting Date | Time | End Date | Time | Hours to Work |
|---------------------------------|------|----------|------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Hours to be Worked | | | | |

Reasons for Request:

Recommended By:-

.....
 Name of the HoD

.....
 Signature

.....
 Date

 Approval by Municipal Manager

 Date

NB: No claim shall be paid if this pre-authorisation form has not been signed prior the commencement of work