

NYANDENI LOCAL MUNICIPALITY

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

POSTAL ADDRESS:
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LIBODE
5160



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"Deciding with the people, not for the people"
SATURDAY/EXTRA HOURS 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

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Name of Head of Department

.....
Signature of Head of Department

.....
Date

Approval by Municipal Manager

Date