

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"

SUNDAY/ PUBLIC HOLIDAY WORK 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:-

o o o o o o o o o o o o o o o o o o
 Name of the HoD

o o o o o o o o o o o o
 Signature

o o o o o o o o o o o o o o .
 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