

# NYANDENI LOCAL MUNICIPALITY

**PHYSICAL ADDRESS:**  
Municipality Building  
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LIBODE  
**POSTAL ADDRESS:**  
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LIBODE  
5160



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

## OVERTIME CLAIM FORM

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

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

DATE	START OF NORMAL SHIFT	END OF NORMAL SHIFT	START OF OVERTIME	END OF OVERTIME	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 Senior Manager : Corporate Services

\_\_\_\_\_  
Date