

# NYANDENI LOCAL MUNICIPALITY

**PHYSICAL ADDRESS:**  
 Municipality Building  
 B.N. Nomandela Drive  
 LIBODE  
**POSTAL ADDRESS:**  
 Private Bag X 504  
 LIBODE  
 5160



Tel: 047 5555 000  
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[www.nyandenilm.gov.za](http://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
<b>Total Hours to be Worked</b>				

**Reasons for Request:**

**Recommended By:-**

o  
 Name of the HoD

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

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**