SIYATHEMBA

MUNISIPALITEIT **MUNICIPALITY**

OVERTIME WORKED FOR THE PERIOD:	
Employee Number:	
Employee Surname:	
Employee Name:	
Employee Rank:	

Breakdown of the hours worked per day:

No	Date	Section	Time worked	Reason for overtime	Time approved by DS	Signature for approval by DS

* Please attach to the time sheet for the two week period.

Submitted by: _____Date:_____

Recommended by (HOD):_____Date:_____

Approved by (MM): _____Date:_____