

**SIYATHEMBA**



**MUNISIPALITEIT**

**MUNICIPALITY**

<b>PRIOR APPROVAL FOR OVERTIME</b>		
Employee number:		
Employee Surname:		
Employee initials:		
Employee rank:		
TO: Delegated official to approve overtime (At least HOD to MM)		
Department		
Maximum amount of overtime to be approved:	Paid overtime	Time to be taken off
Period during which overtime will be worked:		
Reason and Motivation		

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended by: (Direct supervisor) \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_