

OVERTIME PRE-APPROVAL LETTER FOR NORMAL OVERTIME



TO , (EMPLOYEE) : _____ SURNAME _____

EMPLOYEE CODE: _____

DESIGNATION : _____ DATE: _____

LOCATION : _____

I would like to inform you that I, Neziswa Lungwengwe, Executive Director of the Corporate Services Department, has pre-approved your overtime from ____/____/____ to ____/____/____

This letter must be submitted together with your overtime claim form for validation purposes by payroll.

AUTHORIZED SIGNATURE : _____ NAME AND SURNAME: **MISS NEZISWA LUNGWENGWE**

NB: NO EMPLOYEE IS PERMITTED TO WORK MORE THAN 10 HOURS OVERTIME PER WEEK UNLESS AUTHORIZED BY THE MUNICIPAL MANAGER AND NO OVERTIME WILL BE PAID WITHOUT THIS LETTER AND OVERTIME MUST BE SIGNED BY THE RESPECTIVE EXECUTIVE DIRECTOR OR HIS /HER AUTHORIZED REPRESENTATIVE.

OVERTIME FORM

DEPARTMENT	TASKS PERFORMED	SECTION	OVERTIME START	OVERTIME COMPLETED	TOTAL HRS WORKED P /DAY
DAY OF WEEK					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

SIGNATURE OF APPLICANT: _____ DATE: _____

SUPERVISOR CHECKED & RECOMMENDED: _____ HRS CERTIFIED _____ DATE _____

APPROVED BY HOD (NAME): **NEZISWA LUNGWENGWE**: SIGNED _____ DATE _____

APPROVED FOR PAYMENT by Chief Financial Officer: _____ SIGNED _____ DATE _____

- Overtime will be paid only if prior approval has been obtained from HOD or MM
- Call – out will only be paid with submission of call – out form
- Rates : 1.5 times –after hours –weekdays & Saturdays ,2 .0 times –public holidays & Sundays