

Maximum hours per month

Applicant / Employee Declaration			
I hereby confirm that all the information supplied by me above is true and correct.			
Signature		Date	

Recommendation				
Designation	Date	Name	Signature	Recommended / Not recommended
Operations Management / Shared Services and Support Management / Competency Area Management				
Comments				
Manager: Human Resources				
Comments				

Approval				
Designation	Date	Name	Signature	Approved / Not approved
Executive Director / Centre Manager / Group Manager / Member of Executive Committee				
Comments				