POLOKWANE MUNICIPALITY = GUIDELINES FOR USING CLAIM FORMS: OVERTIME, BCEA ALLOWANCES, STANDBY AND NIGHT WORK PERFORMED

To All Manager and Directors:

Please be reminded of the following when employees are completing the attached forms, and when you approve of the claim forms:
Please refer to Section 6 – 18 of the Basic Conditions of Employment Act, Act 75 of 1997 and other guidelines when completing the forms

TIME CLAIM FORM FOR WORK DONE ON A SUNDAY (BCEA):
Note on Sunday work: Par 16(1): (NOT REFERRING TO OVERTIME!!)
Be alerted that employees who ordinarily work on Sundays (including but by no means limited to some shift workers [especially operators], fire brigade, security, traffic and other uniform bearing staff) : Payment for normal working time worked on a Sunday should be indicated at 0.5. It is imperative to remember that the payroll engine will generate the normal payment for the day worked, and only the time portion should be indicated. Example: Rate of pay on a Sunday = R50-00. Sect 16(1) rules that the employee should be paid at one and one half times the employees wage, which means R50-00 plus ½ [R25-00] = R75-00 total. The time should thus be allocated in the 0.5 block and NOT in the 1.5 block.

NIGHT WORK PERFORMED:
Note on work: Par 17(1) & (2)
In terms of the Collective Agreement that was signed off on 22nd August 2006, employees who work after 18h00 up to 06h00, is entitled to a payment per hour for night work performed. This allowance falls away where there can be an arrangement for a reduction in working hours. In most cases where work is of a continuous nature, such as at Security, Operators, Fire Brigade or other positions, the work are continuous, and there can be no reduction in working hours. For each of these employees, the claim form must be completed to indicate the amount of hours that should be paid for Night Work Performed. However, at sections where the work can stop at when the tasks for the day are completed, the payment of the Night Work Allowance should not be paid as the working hours can be reduced in this instance.

Thank you, Human Resources.

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POLOKWANE MUNICIPALITY = OVERTIME CLAIM FORM

NAME …….. PAY NUMBER. ……..

SBU……...…….. DIVISION / SECTION: ……

VOTE NUMBER …….. PERIOD ……..

Date overtime worked	Day	Time actually worked		Actual hours worked (hours and minutes not converted) @				Initials		Hours converted to leave	Reasons for overtime	Personnel: Hours converted for leave	Salary division: hours converted for payment @			
		From	To	0.5 x	1 x	1.5 x	2 x	Employee	Supervisor				0.5 x	1 x	1.5 x	2 x
		TOTAL		0	0							TOTAL				

I hereby certify that the information contained in this form is true and correct.		OVERTIME AS INDICATED IS APPROVED FOR PAYMENT	
Signature: Employee	Signature: Chief Fire	Signature: Manager SBU:	Signature: Director:
Number of overtime hours worked is recorded as special leave: Signature: Personnel Section:			

NB. SHOULD OVERTIME BE CONVERTED TO SPECIAL LEAVE, THIS FORM MUST BE FORWARDED TO HUMAN RESCORCES SBU TO BE RECORDED.
SHOULD OVERTIME BE PAID OUT, THIS FORM MUST BE FORWARDED TO SALARY DIVISION.

POLOKWANE MUNICIPALITY = STANDBY SERVICE

NAME ……. PAY NUMBER. ……

SBU……..…….. DIVISION / SECTION. ……. ……

VOTE NUMBER ……. PERIOD ….……..

DATE OF STANDBY		NUMBER OF DAYS			SUPERVISOR		SALARY DIVISION
FROM	TO	MO TO FRI	SATURDAY	SUNDAY	Initial	Date	AMOUNT
TOTAL					TOTAL		

I hereby certify that the information contained in this form is true and correct.	STANDBY AS INDICATED IS APPROVED FOR PAYMENT
Signature: Employee	Signature: Manager SBU

POLOKWANE MUNICIPALITY = NIGHT WORK PERFORMED

NAME …….. PAY NUMBER. ……..

SBU……..…….. DIVISION / SECTION. …… ……

VOTE NUMBER …….. PERIOD ……..

DATE OF NIGHTWORK PERFORMED		HOURS WHERE NIGHT WORK WAS PERFORMED (18H00 TO 06H00)		SUPERVISOR		SALARY DIVISION
FROM	TO	TIME OF NIGHT WORK	NUMBER OF HRS	Initial	Date	AMOUNT
TOTAL					TOTAL	

I hereby certify that the information contained in this form is true and correct.	NIGHTWORK PERFORMED AS INDICATED IS APPROVED FOR PAYMENT
Signature: Employee	Signature: Manager SBU