

Appendix 10

Application for Reduced Hours

Attention all applicants – Any false statement, misrepresentation or concealment of material fact on this form or any document presented in support of this application may constitute grounds for disciplinary action.

Date of request: _____
(applications should be made at least one (1) month in advance)

SECTION 1: APPLICANT'S DETAILS

Surname _____ Name _____

Ministry/ _____ Department/ _____
Entity _____ Directorate _____

Grade/Position _____ ID Card No. _____

E-Mail Address _____ Office Tel. _____

Period of Reduced Hours being requested: From _____ To _____

Reason for request: _____

(Reason for request is not mandatory, however, it is recommended that a reason is stated as this will assist management in making an informed decision).

Document(s) supporting request enclosed with application Yes No

SECTION 2: WORK SCHEDULE *(to be agreed between Director/Head of Department and Applicant)*

Winter Work Schedule: 1 October – 15 June

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Summer Work Schedule **same** as Winter Work Schedule.
*(If yes, there is **no need** to fill in the Summer Work Schedule below).*

Yes No

Summer Work Schedule: 16 June – 30 September

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SECTION 3: ENDORSEMENTS

Approved
Not Approved *(if not approved please provide reason)*

Employee:
Full name _____ Signature _____ Date _____

Director/Head of Department:
Full name _____ Signature _____ Date _____

Director/Head of Department's endorsement is the effective date of agreement.

The information supplied in this application form shall be used exclusively by the employing Ministry for record keeping and verification purposes. Personal information provided on this application form is protected, and used in accordance with the provisions of the Data Protection Act.