

Appendix 11

Renewal of Reduced Hours

*N.B. This form is to be filled in **only** by those employees who will be renewing their Reduced Hours Work Schedule under the same terms and conditions.*

If the proposed Reduced Hours Work Schedule differs from the existing work schedule please fill in the Application for Reduced Hours (Vide Appendix 10).

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

Full Name _____ ID Card No. _____

Ministry/ _____ Department/ _____
Entity _____ Directorate _____

Grade/Position _____ Office Tel. _____

REQUEST

I am hereby requesting a renewal of the Reduced Hours Work Schedule, for a period of one year with effect from *(insert effective date)*.

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

ENDORSEMENTS

Approved (Reduced Hours Work Schedule renewed under the same terms and conditions)
Not Approved (if not approved please provide reason)

Employee:

Full name _____ Signature _____ Date _____

Director/Head of Department:

Full name _____ Signature _____ Date _____

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.