

Appendix 5

Request for the Utilisation of Donated Hours

Ministry _____ Department _____

Directorate _____ Section/Unit _____

Applicant's Details:

Name _____ Surname _____

ID No. _____

Grade/Position _____ Salary Scale _____

Donated Hours Requested _____

Start Date: _____ End Date: _____

I, the undersigned confirm that the information and documentation submitted with this request is factual and updated.

Signature: _____ Date: _____

For Official Use

Recommendation by the respective Director (tick as applicable)

The request is recommended The request is not recommended

Director's Signature _____

Date _____

Official Stamp of respective Director

Approved/Not Approved

Signature of Approving Authority _____

Date _____

Official Stamp of Approving Authority

The information supplied in this application form shall be used exclusively by the employing Ministry and the PSW Directorate 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.