

Reference No.

Cash Office
Registration No.

Cash Office
Consecutive No.

OVERTIME AND SHIFT ALLOWANCE STATEMENT

Pay Period Ending

Name Location Department

Day	Date	(1) Rostered hours of duty	(2) Actual Period Worked	(3) Type of Overtime or Allowance Rate	(4) Overtime Hours Worked
Thur.					
Fri.					
Sat.					
Sun.					
Mon.					
Tue.					
Wed.					
Thur.					
Fri.					
Sat.					
Sun.					
Mon.					
Tue.					
Wed.					

(5) Compiled by (6) Checked by TOTAL

FOR DEPARTMENTAL USE ONLY:

(7) Hour pay : (a) 38 hrs. K (b) 36¼ hrs. K (c) 38 hrs. K Tax Rate

CALCULATIONS					Total Amount
(8)	hours	overtime @ K	per hour	=	
	(type)				
	hours	overtime @ K	per hour	=	
	(type)				
	hours	overtime @ K	per hour	=	
	(type)				
(9)	hours @	% allowance @ K	per hour	=	
	(rate)				
				=	
				=	

Total Net Amount (in words) Taxation Deductions on Official Receipt No	GROSS	K
	TAX	K
	NET	K

Project No.	C.E.C. No.	Div.	Subdiv.	Item	Amount	(10) Calculated by
						Checked by

(11) I certify that I have paid the above net amount to the payee.	Received Payment	
Paying Officer	Date	Witness
	Payee	Date

I certify that funds are available and prior approval was granted for the work performed.	I certify that this account is correct within the meaning of the Public Finances (Management) Act.
National/Provincial Departmental Representative	Certifying Officer
Date	Date

PART TIME AND OVERTIME EARNINGS RECORD

Name.....

Department.....

Tax Symbol.....

Station.....

[illegible]