

WESTERN CAPE EDUCATION DEPARTMENT

I, _____ Persal No. _____
hereby apply for approval to work the following office hours, with effect from
..... on the conditions provided for in the relevant circular. My
total working time will be 8 hours per day excluding lunch break.

Please tick the appropriate box with an "X"

- From 06:30 to 15:00
- From 07:00 to 15:30
- From 07:30 to 16:00
- From 08:00 to 16:30

- From _____ to _____ (observing core time) with an extended lunch
time of 60 minutes. Lunch time to be taken from _____ to _____ .

The motivation for my request is as follows:

I realise that staggered office hours is a privilege that may be changed or withdrawn at any time. I further undertake to comply with the times that I have indicated on this form.

SIGNATURE:.....

DATE:.....

REQUEST APPROVED / NOT APPROVED

SMS MEMBER:.....

DATE:.....