SOUTH AFRICAN ASTRONOMICAL OBSERVATORY – SUTHERLAND

LOG OF STANDBY

Name: _____ Staff No: _____ Month: _____

Date	Standby ☑	Overtime		Description of defect and work done	Called out by (Name)	For office use: Notch ☑	
		Start	Finish			Weekday	Sunday / public holiday

Notes:

CLAIMANT'S SIGNATURE: _____ DATE: _____

Certified that the hours listed above have been worked and the overtime incurred was necessary for the efficient operation of the station.

SIGNATURE SECTION HEAD: _____

PAYMENT APPROVED: _____

Hours worked		
Rate		
Sub Total		
Add Sunday		
Total O/time		
Standby		
TOTAL		
PAYE		

M. Rust