



Rustenburg Local Municipality Cellphone and Data Allowance Application Form (Form A)

To be completed by officials applying for a cellphone and data allowance under the Cellphone and Data Policy

1. Applicant Details

Name and Surname: _____

Job Title: _____

Post Level: _____

Department/Directorate: _____

Contact Number: _____

Employee Number: _____

Date of Application: _____

2. Justification for Cellphone or Data Service

Please provide a detailed motivation explaining why a cellphone or data allowance is required for your role. Address the following criteria as per Section 8 of the Cellphone and Data Policy:

- Is the cellphone or data an essential requirement for job performance?
- Does the position necessitate urgent contact with no other means of communication available (e.g., landlines, radios)?
- How will the availability of a cellphone or data enhance job performance and benefit the municipality?

Motivation:

3. Supervisor / Line Manager Recommendation

Name and Surname of Supervisor / Line Manager: _____

Job Title: _____

Recommendation:

Does the supervisor confirm that the cellphone / data is essential for the applicant's role?

Yes | **No**

Does the supervisor confirm that no alternative communication means are available?

Yes | **No**

Signature of Supervisor/Line Manager: _____

Date: _____

4. Director's Recommendation

Name and Surname of Director: _____

Directorate: _____

Recommendation:

Signature of Director: _____

Date: _____

5. Directorate Corporate Support Services Review

Support / Do Not Support

Reason for Decision:

Name and Surname of DCSS Representative: _____

Signature: _____

Date: _____

6. Declaration by Applicant

I, _____ hereby declare that I have read and understood the Rustenburg Local Municipality Cellphone and Data Policy. I acknowledge that any cellphone or data allowance provided is for official use only, and I agree to comply with all terms and conditions outlined in the policy, including the responsible use, maintenance, and return of the device.

Signature: _____

Date: _____