



Rustenburg Local Municipality Cellphone Issuance Form for Standby / Shift Duties (Form D)

To be completed by officials receiving a cellphone for standby or shift duties under the Cellphone and Data Policy

1. Recipient Details

Name and Surname: _____

Job Title: _____

Post Level: _____

Department/Directorate: _____

Employee Number: _____

Contact Number: _____

Date of Issuance: _____

2. Standby / Shift Duty Details

Type of Duty:
Standby Duty / Shift Duty

Period of Duty:
From: _____ To: _____

Roster Reference (if applicable): _____

3. Device Details

Cellphone Make and Model: _____

Serial Number/IMEI: _____

SIM Card Number: _____

Allocated Airtime (Minutes): _____

Allocated Data (GB): _____

4. Issuing Officer Details

Name and Surname: _____

Job Title: _____

Department: _____

Signature: _____

Date: _____

5. Supervisor / Line Manager Confirmation

Name and Surname: _____

Job Title: _____

Confirmation of Issuance:

I confirm that the above cellphone has been issued to the recipient for official use during standby or shift duties in accordance with Section 9 of the Cellphone and Data Policy.

Signature: _____

Date: _____

6. Declaration by Recipient

I, _____ hereby acknowledge receipt of the cellphone described above for use during standby or shift duties. I confirm that I have read and understood the Rustenburg Local Municipality Cellphone and Data Policy, particularly Section 13. I agree to:

- Use the cellphone solely for official purposes related to standby or shift duties.
- Return the cellphone to my supervisor or Line Manager at the end of the standby or shift period using the Cellphone Return Form for Standby / Shift Duties (Form E).
- Reimburse the Municipality for any costs incurred due to private use, as determined by ICT Department audits.
- Report any damage, loss, or security breaches immediately using the Incident Report Form (Form G).

- Maintain and secure the device, ensuring it is charged and operational during the duty period.
- Refrain from inserting foreign SIM cards into the device, as this voids the insurance warranty.
- Ensure I remain contactable, reachable, and responsive, providing an alternative contact number if the device is damaged or lost, as per policy Requirements.

Signature:

Date:
