



Rustenburg Local Municipality Cellphone Return Form for Standby / Shift Duties (Form E)

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

1. Returning Official Details

Name and Surname: _____

Job Title: _____

Post Level: _____

Department/Directorate: _____

Employee Number: _____

Contact Number: _____

Date of Return: _____

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: _____

Condition of Device: _____

- Good Working Order
- Damaged (Specify): _____

4. Supervisor / Line Manager Confirmation

Name and Surname: _____

Job Title: _____

Confirmation of Return:

I confirm that the above cellphone has been returned by the official to the designated supervisor in accordance with Section 9 of the Cellphone and Data Policy.

Signature: _____

Date: _____

5. Declaration by Returning Official

I, _____ hereby confirm that I have returned the cellphone described above to my supervisor or Line Manager at the end of my standby or shift duties. I acknowledge that I have complied with the Rustenburg Local Municipality Cellphone and Data Policy, including reporting any damage or loss using the Incident Report Form (Form G), if applicable. I understand that any costs due to private use or negligence may be recovered from me, including excess amounts for insurance claims.

Signature: _____

Date: _____