

RHODES UNIVERSITY: CPU APPLICATION TO PERFORM WORK OVER SHUTDOWN

To be completed for each Campus Guard and Shift Supervisor. Please send this application to the HR Remuneration, Benefits and Wellness Office in the Division of People and Culture by ***16h30 on 07th of November 2025.***

FOR COMPLETION BY MANAGER.

Surname/Initials of Staff Member		Employee Number																
Job Title (Please tick as applicable)		Campus Guard										Shift Supervisor						
FOR EACH DAY OF SHUTDOWN WORK, INDICATE THE HOURS OF WORK FOR THE SHIFT																		
Date:	13 Dec	14 Dec	15 Dec	16 Dec	17 Dec	18 Dec	19 Dec	20 Dec	21 Dec	22 Dec	23 Dec	24 Dec	25 Dec	26 Dec	27 Dec	28 Dec	29 Dec	30 Dec
Hours																		
Date:	31 Dec	01 Jan	02 Jan	03 Jan	04 Jan													
Hours																		
COMPLETE THIS SECTION FOR ALL APPLICATIONS																		
I confirm that I have familiarised myself with the document: Protocol Regarding the Annual Shutdown Period and that this staff member has been advised regarding the treatment of leave and pay for normal shift work and overtime worked during Shutdown. No separate claim will be sent to the Salaries department for processing.																		
Manager Name:						Manager Signature:						Date:						

FOR COMPLETION BY STAFF MEMBER

Shutdown Leave Days for Pay-out. The balance of the shutdown leave days deducted, if applicable*, will be reinstated. Please tick as applicable.	0% Pay-out	50% Pay-out	100% Pay-out
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Days taken as leave during Shutdown will be excluded. For instance, if you take a day's sick leave when you would have been working your shift, then that day will be deducted from the total Shutdown leave days that were deducted (usually 9-11 days) before applying the percentage pay-out of contractual leave selected by yourself.

I confirm that I have familiarised myself with the document: Protocol Regarding the Annual Shutdown Period and/or that I have been advised by my manager regarding the treatment of leave and pay for work performed during Shutdown. I further confirm that if I am paid in December for work to be performed over the shutdown period and I do not fulfil these responsibilities, I understand that the relevant adjustment will be made to my salary in January.	
Signature:	Date: