

**ANNEXURE “B”
CASUAL EMPLOYEES REGISTER**

Employee name: _____ Occupation: _____ Hourly rate: R_____

Date	Day	Attendance				Hours worked		Amount due		Transport	Gross total due	Deduction				Net amount paid	Signature
		On	Off	On	Off	Ordinary	Overtime	Ordinary	Overtime			PAYE	UIF	Council fees	Other		
Monday																	
Tuesday																	
Wednesday																	
Thursday																	
Friday																	
Saturday																	
Sunday																	