

**UNEMPLOYMENT INSURANCE FUND
REMUNERATION RECEIVED BY THE EMPLOYEE WHILST STILL IN
EMPLOYMENT**

To: The Claims Officer

Statement in respect of payment made to the undermentioned Contributor who is still in my employment but is unable to work due to Illness, Maternity leave or the Adoption of a child.

Full names of contributor: _____

Employers UIF Reference No.

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ID No of contributor

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(A) In terms of section 19(1), 24(2) and 27(3) of the abovementioned Act,

I hereby certify that the contributor would receive less than 100% of his/her remuneration as from _____ / _____ / _____ (full date)

Periods during which different rates of remuneration were received during paid leave (each calendar month separately)				Gross remuneration received whilst on leave (PM/PW)
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		

DATE: _____

SIGNATURE OF EMPLOYER OR AUTHORISED AGENT

