

**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 since (full date) _____ the contributor is on

<input type="checkbox"/> Sick leave	<input type="checkbox"/> Maternity leave	<input type="checkbox"/> Leave due to the adoption of a child and
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<input type="checkbox"/> has	<input type="checkbox"/> will	receive(d) the following remuneration
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Gross remuneration <u>Per Month</u> /	Periods during which different rates of remuneration were received				Gross remuneration received whilst on leave (PM/PW)
	From		To		
	From		To		
	From		To		
	From		To		
	From		To		
	From		To		
	From		To		

(B) The contributor is expected to return to work on _____

(C) The contributor returned to work on ____/____/____.

DATE: _____

SIGNATURE OF EMPLOYER OR AUTHORISED AGENT

BUSINESS STAMP
