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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; Adoption of a child or is on Reduced Work Time (RWT)

Full names of contributor:

Name of Employer: _____

Employers UIF Reference No.

ID No of contributor

(A) In terms of section 12(1)b, 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) due to

-		-		
Illness Leave	Maternity Leave	Adoption	Reduced working time	
		Leave		

Gross remuneration (prior to confinement/RWT) Per Month / Per Week	Periods during w	Gross remuneration received whilst on leave/RWT (PM/PW)		
	From	То		

(B) The contributor is expected to return to work / full time on ____/___/____

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

DATE	SIGNATURE	OF	EMPLOYER	OR	AUTHORISED
AGENT					
Contact Details of employer:					

BUSINESS STAMP