

**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.

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ID No of contributor														
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(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 Leave		Reduced working time	
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Gross remuneration (prior to confinement/RWT) Per Month / Per Week	Periods during which different rates of remuneration were received				Gross remuneration received whilst on leave/RWT (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 / full time on ____/____/____.

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

DATE

SIGNATURE OF EMPLOYER OR AUTHORISED AGENT

Contact Details of employer: _____

