

**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 has been paid 100% of his/her remuneration until
 _____ / _____ / _____ (full date) prior to commencement of leave.

Calendar Month				Gross remuneration to be paid per month whilst on leave
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		

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

DATE: _____

SIGNATURE OF EMPLOYER OR AUTHORISED AGENT

