

**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

	Sick leave
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	Maternity leave
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	Leave due to the adoption of a child and
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	has
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	will
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 receive(d) the following remuneration

Gross remuneration (prior to confinement) Per Month / Per Week	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

<b>BUSINESS STAMP</b>
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