

**UNEMPLOYMENT INSURANCE ACT 63 OF 2001 AS AMENDED  
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 Leave, Commissioning Parental leave, Parental leave or is on Reduced Working Time (RWT)

Full names of contributor: \_\_\_\_\_

Identity Document.																			
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Name of Employer: \_\_\_\_\_

Employers UIF Reference No. 

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(A) In terms of section 5(1)b, 19(1), 24(2), 26A(1), 27(3) and 29A(1) 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:

Parental Leave		Commissioning Parental leave (SURROGACY)		Illness Leave		Maternity Leave		Adoption Leave		Reduced working time	
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Periods during which different rates of remuneration were received while on leave/RWT (TO BE INDICATED IN CALANDER MONTHS)				Gross remuneration received whilst on leave/RWT (Per month)
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		
From		To		

(B) The contributor is expected to/has resumed full working hours on \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF EMPLOYER OR AUTHORISED AGENT

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>EMPLOYER STAMP</b> (If available)
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13 Digit Bar-Coded Identity Document/Passport Number

Date of Birth (dd/mm/yy)

Gender  
 Male  Female  
 Surname

Postal Address

Residential Address

Occupation

Education

SPECIAL SCHOOL CERT.

BELOW GRADE 8

Use the UI-2.8 form for Banking Details  
 Details of previous application

a) Name and ID No under which you applied:

Code /Telephone No

Code

Code

Cell No

Fax number

Grade 8-9

Grade 10 - 11

Grade 12

Above Grade 12

**FURTHER REQUIREMENTS**

**FURTHER REQUIREMENTS FOR REDUCED WORK TIME in term of section 12(1B)**

1. Are you registered as a workseeker with a Labour Centre established by the DOL.	Yes	No	1. Are you currently employed	Yes	No
2. Are you capable and available for work?	Yes	No	2. Are you on Reduced Work Time	Yes	No
3. If you are not capable of and available for work, please explain.			3. Has your employer completed a UI-2.7a	Yes	No

Signature of applicant:

Signature of Official

**IMPORTANT: READ THIS SECTION BELOW:**  
 I declare that I am/ was unemployed/ I'm working reduced hours in the event of my application being successful, the Claims Officer will authorise the payment of benefits. I also undertake to inform the Claims Officer as soon as I am re-employed or receiving "full/normal pay" and understand that failure to do so will constitute fraud.  
 In the event of an overpayment occurring as a result of this application I undertake that I will refund the full amount to the Fund.  
 I declare that the above information is true and correct.  
**SIGNATURE OF APPLICANT:**   
 Date:

Date:

**COMPLETE**

**YES**

**NO**

Claim approved from   
 Application refused in terms of   
 Claims officer (Please Print)   
 Signature   
 Date

OFFICE SIAMAP