

Form: Confirmation of employment status

Name and surname of employee:	
Current position:	
Current salary & benefits:	
Date of employment:	
Identification Number:	
PAYE number:	
Social Security Number:	
Date of birth:	
Marital status:	
Gender:	
Contact telephone number:	
Cell phone number:	
P O Box; Town:	
Residential address:	
Accumulated annual leave available on dd/mm/yyyy _____:	_____ <i>days</i>
Compassionate leave entitlement left for yyyy _____:	_____ <i>days</i>
Accumulated sick leave available on dd/mm/yyyy _____:	_____ <i>days</i>
Date of next sick leave cycle entitlement: (linked to employment date):	_____ <i>dd/mm/yyyy</i>
Next of kin & contact number:	
Employee signature in confirmation and voluntary agreement that the submitted information in this form is true and correct with specific reference to accumulated leave balances as on dd/mm/yyyy _____. The employee further agree that he/she is not entitled to any benefits or arrears back pay amounts (prior to date of signing this form) other than specified in the attached contract of employment and or this form. (include date):	
Employer signature & date:	