



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

Department of Labour Salary Schedule Form

ID NUMBER	
SURNAME & INITIALS OF APPLICANT	
UI REFERENCE NUMBER	
COMPANY NAME	
PERIOD OF SERVICE	

DAY, MONTH, YEAR	SALARY PAID PW/PM	UI DEDUCTIONS

❖ PLEASE INDICATE FULL DATE FOR EACH SALARY ADJUSTMENT

Name & Surname: _____

Signature: _____

Date: _____

Company stamp:	
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