



UNEMPLOYMENT INSURANCE ACT 63 OF 2001, AS AMENDED RESPONSE TO CORONA VIRUS

EMPLOYER DECLARATION

Employer Name:			
UIF reference Number :			
[Employer's full name & surname]	, Identity Number		
Hereby declare that the Company and	the employee,		
(Employee's full name & surna	Identity Number		
have agreed that the employee must s	self quarantine/isolate and not		
report for duty as a measure to curb the	e spread of Corona virus from	to	-
that the employee has exhausted their	sick leave credits and needs to app	oly for UIF benefits .	
The application for UIF benefits lodged	I is for the period stated above.		
Required Documents to be submitted by	by EMPLOYEE through the normal	application channels:	
UI 2.2 (Doctors portion does not need to UI 2.8 (Banking Details) UI 2.7 (Leave Income) UI 19 and Salary Schedule (if applicable)	·	ation)	
Signed at:	on the		
EMPLOYEE'S SIGNATURE		COMPANY STAMP (if available)	
EMPLOYER SIGNITURE/ EMPLOYER REPRES	SENTATIVE		