Employer Retrenchment Claim

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A. TO BE COMPLETED IN FULL

Company Name

Physical Address

Tel No.

Facsimile No.

E-mail address

B. EMPLOYEE DETAILS

Names

Surname

ID number

Employee number

Date first employed D D M M Y Y Y Y

Date on which the employee was first advised of a possibility of retrenchment (First Consultation)
D D M M Y Y Y Y

Date of Retrenchment D D M M Y Y Y Y

C. REASONS FOR RETRENCHMENT

Was this employment a fixed term contract (but not permanent), casual employment or temporary employment? Yes No

Did the employee resign, retire or accept voluntary retrenchment? Yes No

Was the employment terminated due to fraud, dishonesty or any misconduct? Yes No

Did the employee receive one or more verbal or written reprimands which constituted to form part of any disciplinary procedures?
Yes No

Reason for retrenchment/redundancy by the company - if applicable and /or any further notes.

D. COMPANY DECLARATION

We hereby declare and warrant that the statement above is, to the best of our knowledge, true and correct and that no information has been withheld or relevant circumstances omitted.

Sign Here

Signature

D D M M Y Y Y Y

Date

Name and Surname (please print)

Title/Designation

Telephone no

Facsimile no

E-mail address

Company Stamp