



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

EMPLOYER DECLARATION

I _____, Identity Number

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(Employer's full name & surname)

Employed of _____, UIF Ref Number _____
(Employee's full name & surname)

Hereby declare that the Company and the employee above have agreed that the employee must self quarantine and not report for duty as a measure to curb the spread of Corona virus from _____ to _____.

The application for UIF benefits lodged is for the period stated above.

Signed at: _____ on the _____

EMPLOYEE'S SIGNATURE

COMPANY STAMP (if available)

EMPLOYER SIGNATURE/ EMPLOYER REPRESENTATIVE

