

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	Van	W	XYZ											TF	
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z											
0				1			2			3			4			5			6			7			8			9								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52											
JAN			FEB			MAR			APR			MAY			JUNE			JULY			AUG			SEPT			OCT			NOV			DEC			
MON			TUES			WED			THURS			FRI			SAT			SUN																		

## EMPLOYEE FILE

SURNAME: .....

DATE OF BIRTH: .....

FIRST NAMES: .....

MARRIED  SINGLE  DIVORCED

CONTACT ADDRESS: .....

NO OF CHILDREN: .....

.....

NEXT OF KIN: ..... TEL: .....

TEL: .....

BANK DETAILS: BANKER .....

CELL: .....

BRANCH: ..... CODE: .....

EMPLOYED AS: .....

ACCOUNT NO: .....

DATE OF ENGAGEMENT: .....

EMPLOYEE NUMBER: .....

IDENTITY NO: .....

U.I.F. NO: .....

PENSION FUND NO: .....

TAX REFERENCE NO: .....

MEDICAL AID NO: .....

DATE TERMINATED: .....

LEAVE DUE ON TERMINATION: .....

PERSONNEL FORM / CV	
IRP 2	
UIF CARD	
MEDICAL AID APPLICATION	
LETTER OF APPOINTMENT	
PENSION FORM / CARD	
JOB APPLICATION	
COPY OF I.D. DOCUMENTS	
COPY OF LICENSES	
ACKNOWLEDGEMENT OF DEBT	



