

Salary Amendment Form

EMPLOYEE FULL

EMPLOYEE ID

IAME				NUMBER				
POSITION				SITE NAM	1E			
TART DATE				CLOCK N	UMBER			
urrent Packag	ge as at:		(date)					
Basic Salary	Cellphone Allowance	Vehicle Allowance	Transport	Performance Incentive	Medical Aid	Pension / Prov	Other Allowance	Total Earnings
Deductions								
UIF	PAYE	Provident	Staff	COST TO				
0		Fund	Deduction	COMPANY				
					-			
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icrease as %		Increase in	rand value: R			Previous NET	T R	
					- <u>-</u>			
ew Package a	ıs at:			Effective Date	e:			
Basic Salary	Cellphone	Vehicle	Transport	Performance	Medical	Pension /	Other	Total
basic salary	Allowance	Allowance	Transport	Incentive	Aid	Prov	Allowance	Earnings
Deductions			I_				<u>I</u>	
UIF	PAYE	Provident	Staff	COST TO				
		Fund	Deduction	COMPANY				
					New NETT R			
Reason	s Annual	Transfer	Promotion	Demotion	Meri	t Othe	r	
				De.notion	Wich	- Othe		
Other -	Explain:							
								_
Authori	ised bv:			Date:				
	,							
Agraed	to & accented	hy employee /	Employee Sign	ature):				
Agreed	to & accepted	by employee (riiibiokee signi	ature)				
_								
Date: _								
Process	ed by Payroll:_			Date:				