

OFFICE INSPECTION 2018-19 STAFF INFORMATION

1 Name of Employee					
2 Designation		3 Q	ualifications		
4 Brief Job Description					
5 Do you have an Employm	ent Contract Y	es if yes g	go to question 6	No	
6 Date of Commencement of Contract Date of Expiry					
7 Is PAYE deducted from yo	our salary	Yes	No		
8 Do you contribute to NSS	F?	Yes	No		
Do you receive Pay Slips/	Statements	Yes	No		
10 Are you aware of any Disciplinary Code that may affect your work Yes No					
I1 Name of Employer (Name	of Practice/Firm)				
12 Employee's Signature			Date		
FOR OFFICIAL USE					

To be filled by each individual employee of the firm/practice