

DEPARTMENT OF LABOUR

DECLARATION BY EMPLOYEE <i>(Confidential)</i>																	
PLEASE READ THIS FIRST	<p>1. Name of employee: _____</p> <p>2. Employee workplace No: _____ (This is the number that an employer/company/organization uses to identify an employee in the workplace.)</p> <p>3. Please indicate to which categories you belong with an 'X' below:</p> <table border="1"><tr><td>Male</td><td>Female</td></tr><tr><td> </td><td> </td></tr></table> <p>African Coloured Indian White</p> <table border="1"><tr><td>African</td><td>Coloured</td><td>Indian</td><td>White</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> <p>Foreign National</p> <table border="1"><tr><td>Foreign National</td><td> </td></tr></table> <p>If you are not a citizen by birth, please indicate the date you acquired your citizenship:</p> <p>Person with a disability</p> <table border="1"><tr><td>Person with a disability</td><td> </td></tr></table> <p>If yes, specify nature of disability:</p> <p>_____</p> <p>4. I verify that the above information is true and correct.</p> <p>Signed: _____ Employee</p> <p>Date: _____</p>	Male	Female			African	Coloured	Indian	White					Foreign National		Person with a disability	
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