



FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Employer's Schedule of Payments (Actual)
(Section 40(1)(a) of Act)

Employer Name:

Employer No:

S/N	Employee					Total Monthly Earnings		Remarks
	Surname	Other Names	Staff ID No.	Date of birth	Gendre	₦	K	
Sub/Grand Total:								

This form should be duly completed and retained by the employer to reflect the actual earnings of the employees over the period of the report.

The information therein should reflect any variation in staff disposition in relation to ECS.RE03 earlier submitted.

Authorized Signatory: _____ Position: _____ Date: _____