**SALARY BREAKDOWN**

**DATE:** **ID NUMBER**:

##### FULL NAME:

##### HOME ADDRESS:

##### 

TOTAL COST TO COMPANY: R

(incl all Co contributions, excl bonus)

MONTHLY CASH PORTION: R

(before tax, excl co. contributions)

TAKE HOME PAY:

(after tax) R

PROFIT SHARE: R

(details)

SHARE OPTIONS: R

(please send details)

13TH CHEQUE INCLUSIVE/ EXCLUSIVE:

YES/NO: R

PERFORMANCE BONUS: R

(yes or no & last bonus earned)

NEXT INCREASE DUE:

NEXT BONUS DUE:

ANNUAL LEAVE (number of days):

MEDICAL AID COMPANY:

TYPE OF COVER:

NUMBER OF DEPENDANTS:

(please specify, adult or child)

COMPANY CONTRIBUTION: R

YOUR CONTRIBUTION: R

PENSION

CO CONTRIBUTION: R

YOUR CONTRIBUTION: R

PROVIDENT FUND

CO CONTRIBUTION: R

YOUR CONTRIBUTION: R

OTHER

TRAVEL/CAR ALLOWANCE: R PETROL ALLOWANCE: R

INSURANCE ALLOWANCE: R PETROL CARD: R

PETROL RE-IMBURSEMENT: R

(per km)

COMPUTER ALLOWANCE: R LAPTOP ALLOWANCE: R

ANNUAL SUBSCRIPTIONS: R GROUP LIFE COVER: R

DISABILITY INSURANCE: R MEMBERSHIP FEES: R

PREFERENTIAL FEES: R INCL OF RENTAL: YES/NO: R

STUDY LOAN VALUE: R BURSARY VALUE: R

CELL PHONE ALLOWANCE: R

MARITAL STATUS:

DEMOGRAPHICS (AFRICAN, COLOURED, INDIAN, WHITE):

CITIZENSHIP STATUS AND DATE OF NATURALISATION (IF APPLICABLE):

NOTICE PERIOD – ONE CALENDAR MONTH OR 30 DAYS – PLEASE STATE:

BANK RATE - VALUE OF LOAN AND RATE:

OTHER BENEFITS NOT REFLECTED ON PAYSLIP (E.G. VOUCHERS, 3G CARD):

ANY LEAVE PLANNED in the next 6 months:

DO YOU GET SHARES?

- MONETARY VALUE OF SHARES:

- EQUITY SHARES ACQUIRED AT ZERO STRIKE OR MARKET VALUE:

(Company share info – please attach a document to detail the share information)

WOULD YOU BE WILLING TO RELOCATE?

(If yes, please specify)