

This  CONTRACT / APPOINTMENT LETTER / CASUAL is entered into

between UMASH FUNERAL SERVICES LTD *(herein after referred to as Employer)* And

*(Herein after referred to as Employee*) on the terms and conditions below.

**(Please put a “tick” in the clause(s) as appropriate)**

**PERSONAL INFORMATION**

SURNAME

FIRST NAME

OTHER NAMES

DATE OF BIRTH:

CITISENSHIP:

EDUCATION BACKGROUND *:( Secondary College diploma degree PHD)*

GENDER: MALE FEMALE

**DOCUMENTS ATTACHED**

Identification Copy & Number

Application Letter

**ATTACH PASSPORT PHOTO HERE**

Personal curriculum vitae

Copy of Driving License

Copy of PSV Documents

Certificate of good conduct

Pin Number

NHIF Number

NSSF Number

Equity Account number

(Dates format (day) 00 /Month 00 /Year 0000)

EMPLOYEMENT INFORMATION

1. Commencement of employment effective from

*(If a contract*) for a period of *(years),* ending on

1. Probation Period NO YES *(if yes for a period of)*
2. Employee title
3. Employee branch
4. Employee department

**SALARY INFORMATION**

1. Net salary: Ksh per month

*(Including the following allowances(s)*

* Travelling allowances Ksh per month
* House allowance of Ksh per month
* Staff Welfare of Ksh per month

*(Please note any employee with a salary of more than Ksh 11,000 must pay government taxes)*

**PAYMENT INFORMATION**

1. Mode of payment Cash Bank Cheque Others

*(If bank, please fill details below)*

* 1. Bank name: *(must be specified by company)*
  2. Bank Branch:
  3. Bank account number:

**PERSONAL DETAILS**

* Residence
* Marital status
* Mobile number
* Personal Email Number
* Postal Address

**NEXT OF KIN DETAILS**

* Name
* Tel Number
* Relationship (*to next of kin*)
* Residence
* Identification number *(not a must)*

**TERMINATION OF EMPLOYMENT**

A notice period of 1 month required from employee for termination of this contract. Failure to give a notice Umash Funeral Services LTD will assume that the employee abdicated work thereby nullifying any benefit accrued.

Umash Funeral Services reserves the right to terminate this contract WITHOUT NOTICE for gross misconduct.

**The Employer and the employee hereby declare that they understand thoroughly the above provisions and agree to sign to abide by such provisions.**

Signature of Employee: Signature (Employer’s Representative)

Name in full: Name in full

ID No: Position held

Date: Date:

(Company Stamp)