Address of Employee:

1. Exact location of employment:
2. Staff work number:
3. RSI number:
4. Position held with company:
5. Date of commencement of employment:
6. Has the employee completed his/her probationary period: Yes  No
7. Is employment  permanent

 pensionable  temporary

 fixed contract

1. Term of Contract (is the contract renewable, if renewable, please state terms):
2. Gross Basic Wage/Salary:  p.a Please state which of these is guaranteed Overtime:  p.a Overtime:

Bonus:  p.a Bonus:

Commission:  p.a Commission:

1. Is the employee on a salary: Yes:  No:
2. If yes, what is the maximum of the scale: 
3. As far as you are aware will he/she continue in your service:

On behalf of:

***Salary Certificate***

Name of Employee:

*(I certify that the above information is accurate)*

Signed:

Print Name: Position: Company Name:

Company Address:

Date: Telephone No:

Registered Number:

Fax No:

PLEASE AUTHENTICATE WITH

COMPANY STAMP/SEAL