



**N.B.C.E.I.**  
National Bargaining Council For The  
Electrical Industry Of South Africa

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Goodwood  
Cape Town  
7460  
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**SICK PAY FUND CLAIM FORM**

**TO BE COMPLETED BY MEMBER**

Full Names and Surname: .....

ID No: ..... Occupation: ..... Designation or Wage Category: .....

Address for cheque .....

Postal Code: .....

**BENEFITS:** First 10 days per annum is paid at 100% of gazetted rates thereafter from day 11 to 130 days per annum paid at 33% of gazetted rates.

I certify that I have received Sick Fund payment from my employer for the period ..... to ..... of R..... **(To be completed only if the claim is part of the first 10 days per annum)**

I apply for Sick Pay as detailed below. If I was injured, I have given the details overleaf. I have not worked during the period of my illness, nor have I been in receipt of any earnings or compensation during such period. I further realize that it is an offence to make a false statement on this application.

SIGNATURE: ..... DATE: .....

**TO BE COMPLETED BY EMPLOYER**

**EMPLOYER'S RUBBER STAMP:**

I / We hereby confirm that this employee: .....

1. Joined the company on ..... and works a 5-day week / 6-day week.
2. Was off sick from ..... to ..... inclusive, i.e. .... days.
3. Earns R ..... per week/per month.  
or Earns R ..... per hour, works a ..... hour week.  
or Earns R ..... per hour. If not off sick, would have worked the following hours:

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 8	DAY 9	DAY 10	TOTAL

4. A medical certificate is attached / was previously supplied.

SIGNATURE: ..... DATE: .....

**INJURY REPORT TO BE COMPLETED BY MEMBER IF INJURED**

I Certify that the injury was not sustained as a result of a motor accident or an injury on duty. The injury was sustained as follows:

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTES**

1. All alterations on this form must be initialed by the person completing that portion of the form.
2. Overpayments or erroneous payments in respect of this claim are recoverable.
3. No Sick Pay will be paid in advance.
4. No Sick Pay Benefits are payable in respect of Public Holidays specified in the Agreement for the Industry.
5. Claim forms cover a maximum of two weeks. If an employee is off sick for longer than two weeks, a new claim form must be submitted for each subsequent two week period.
6. Claims must be submitted within 60 days of first absence to the above address.
7. The full weekly contribution is payable irrespective of amount of days worked.

**FOR OFFICE USE ONLY**

No of days already claimed in this leave cycle: \_\_\_\_\_

100% Sick Pay: \_\_\_\_\_ days i.e. \_\_\_\_\_ hours at R\_\_\_\_\_ x 100% R\_\_\_\_\_

33% Sick Pay: \_\_\_\_\_ days i.e. \_\_\_\_\_ hours at R\_\_\_\_\_ x 33% R\_\_\_\_\_

Date: \_\_\_\_\_ Cheque No: \_\_\_\_\_ Amount R\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
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