

*(Must be printed on company letterhead)*

**CERTIFICATE OF SERVICE**

Name of Employee: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Last Position Held: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Council / Sectoral  
Employment Standard  
Applicable : \_\_\_\_\_

Period of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary on Leaving: R \_\_\_\_\_ per month / per week

Signed:

\_\_\_\_\_  
**Employer**

\_\_\_\_\_  
**Date**