

STAFF AMENDMENT

Salon name: _____

Salon Code: _____

Salon Address (Physical) _____

Salon Address (Postal) _____

Salon Telephone: _____

EMPLOYEE'S DETAILS

Name and Surname: _____

Employee Number: _____

Identity/Passport (DOB required) Number: _____

Postal Address: _____

Home Address: _____

Cell No: _____

Position: (eg. Learner, Qualified Hairdresser/Therapist/Somatologist/Nail Technician, Operator etc.)

Current Date started: _____ Date left Current salon: _____

Maternity Leave From _____ until _____

Maternity Leave with contributions / without contributions: _____

Do you work part time (27 hours per week) or Full time (45 hours per week) _____

Exempted salary (if applicable) _____ Basic (SPF) Salary _____

NB : Must be signed by owner / manager

(Employer's / Manager Signature)