

DEPARTMENT OF LABOUR
(Confidential)



Declaration by employee

Employment Equity Act
55 of 1998, Regulation 2(2)

PLEASE READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

This form can be used to obtain information from employees, on a voluntary basis only; for the purpose of assisting employers with conducting an analysis on the workforce profile; and to ascertain which of the existing employees are from designated groups in terms of the Employment Equity Act, 55 of 1998.

WHO FILLS IN THIS FORM?

Employees.

INSTRUCTIONS

The contents of the form shall remain confidential, and shall only be used by employers in order to ensure compliance with the Act.

'People with disabilities' are defined in the Act as people who have long-term or recurring physical or mental impairment which substantially limits their prospects of entering into, or advancement in, employment.

1. Name: _____

2. Employee No: _____

3. Please indicate to which categories you belong:

Male Female

African Coloured Indian White

Person with a disability: Yes No

If yes, specify nature of disability:

4. I verify that the above information is true and correct.

Signed: _____
(Employee)

Date: _____