

ANNEX C DRAFT LETTER FOR ESSENTIAL SERVICES EMPLOYEES

DRAFT TO BE INSERTED ONTO OFFICIAL COMPANY LETTERHEAD

CONFIRMATION OF EMPLOYMENT IN ESSENTIAL BUSINESS

[STAMP WITH OFFICIAL STAMP OF COMPANY, IF YOU HAVE THIS]

THE PERSON IN POSSESSION OF THIS LETTER SHALL HAVE HER/HIS IDENTITY DOCUMENT / PASSPORT / DRIVER'S LICENSE IN HER/HIS POSSESSION AND SHALL PRESENT IT TO ANY LAW ENFORCEMENT OFFICER ON REQUEST.
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[INSERT NAME OF EMPLOYER] CONDUCTS BUSINESS IN THE [INSERT NATURE OF INDUSTRY]. THE COMPANY IS AN ESSENTIAL BUSINESS AS DESIGNATED BY THE GOVERNMENT AND IS REQUIRED TO CONTINUE OPERATIONS DURING THE NATIONAL LOCKDOWN PERIOD, I.E. BETWEEN MIDNIGHT ON 26 MARCH 2020 AND MIDNIGHT ON 16 APRIL 2020 IN TERMS OF THE REGULATIONS IN THAT THE BUSINESS OPERATES AS AN ESSENTIAL SERVICE CATEGORISED AS:

[AN ESSENTIAL SERVICE UNDER THE LABOUR RELATIONS ACT in THAT THE [INSERT INDUSTRY AS PER THE ESSENTIAL SERVICES LIST], AND / OR AN ESSENTIAL SERVICE IN TERMS OF THE REGULATIONS TO THE DISASTER ACT [INSERT RELEVANT SECTION / SECTIONS FROM THE SCHEDULE]

THE EMPLOYEE, WHOSE DETAILS ARE SET OUT BELOW, IS EMPLOYED BY THE COMPANY, FULFILLS AN ESSENTIAL FUNCTION, AND IS REQUIRED TO TRAVEL TO AND FROM WORK DURING THE LOCK-DOWN PERIOD.

EMPLOYEE'S DETAILS:

SURNAME:			
FULL NAMES			
ID/PASSPORT NUMBER			
EMPLOYEE NUMBER:			
WORK ADDRESS:			
POSITION:			
CONTACT DETAILS:	WORK NO.:	HOME NO.:	EMAIL ADDRESS:

COMPANY'S DETAILS:

COMPANY				
REGISTRATION NUMBER				
PHYSICAL ADDRESS				
CONTACT PERSON	SURNAME: NAME: ID NO.:			
CONTACT DETAILS	WORK NO.:	HOME NO.:	CELL NO:	EMAIL ADDRESS:

THE COMPANY CERTIFIES THAT THE INFORMATION SET OUT ABOVE IS TRUE AND CORRECT.

FOR: **[NAME OF COMPANY]**

DATE