



FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(EMPLOYEES' COMPENSATION ACT, 2010)

EMPLOYEES' SCHEDULE OF PAYMENT

(ANY WRONG INFORMATION/DECLARATION IS AN OFFENCE AND IS PUNISHABLE UNDER SECTION 39, 40 AND 65 OF THE ECA 2010)

J. U. K. 19th ERS CHAMBERS

S/N	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME	EMPLOYEE LAST NAME	EMPLOYEE ADDRESS	DATE OF BIRTH	GENDER	MARRITAL STATUS	EMPLOYEE ID	EMPLOYMENT DATE	EMPLOYEE EMAIL	JOB TITLE	STATE OF ORIGIN	L.G.A	TOWN	CONTACT PHONE NO.	ALTERNATE NUMBER	MEANS OF IDENTITY	MEANS ID ISSUED STATE	NEXT OF KIN	NO. OF DEPENDANTS	SALARY, MONTHLY
1	James	Uka	Yoruba Jure																		60,000
2	Eljira	Dominath	Chetere																		40,000
3	Obinna	Ogbechi	Manly Jane																		40,000
4	Shela	Olayinka																			40,000
5	Winabo	Wolo	Briggs																		40,000
6	Tybor	Tekuma																			40,000
7																					
8																					
9																					
10																					260,000

THIS FORM SHOULD BE DULY COMPLETED AND SUBMITTED BY THE EMPLOYER TO REFLECT THE ESTIMATE OF EARNINGS OF THE EMPLOYEES.
THIS FORM SHOULD BE COMPLETED ANYTIME PAYMENT IS MADE.

ATTENTION SIGNATORY

NAME OF OFFICER

SIGNATURE

