**Annexure “BCEA7”**

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| **EMPLOYEES/WORKERS INTERVIEWED** |
| **Name of employer** |  |
|  | Name & Surname | Name & Surname | Name & Surname |
|  |  |  |  |
| ID Number  |  |  |  |
| Position  |  |  |  |
| Date of Appointment |  |  |  |
|  |
| Do you belong to a UNION? |  |  |  |
| If Yes State the name of the UNION |  |  |  |
| Did you sign a contract? |  |  |  |
| Hours of work?  |  |  |  |
| What is your salary?  |  |  |  |
| Meal Interval  |  |  |  |
| Annual Leave |  |  |  |
| Sick Leave  |  |  |  |
| Family Responsibility Leave |  |  |  |
| Maternity Leave |  |  |  |
| Parental Leave |  |  |  |
| Adoption Leave |  |  |  |
| Commissioning Parental Leave |  |  |  |
| Do you work overtime?  |  |  |  |
| Payment rate for overtime?  |  |  |  |
| Do you work on Sundays? |  |  |  |
| Payment rate for Sundays? |  |  |  |
| Do you work Public Holidays?  |  |  |  |
| Payment rate for Public Holidays?  |  |  |  |
| Do you receive a pay slip? |  |  |  |
| Deductions on pay slip? |  |  |  |
| Do you sign a attendance register?  |  |  |  |
| Night Shift work?  |  |  |  |
| Shift allowance for night shift?  |  |  |  |
| Is there transport for night shift?  |  |  |  |
| Period of notice?  |  |  |  |
| Any other issues?  |  |  |  |
|  |  |  |  |
| Signature  |  |  |  |
| Date:  |  |  |  |