**Annexure “BCEA7”**

|  |  |  |  |
| --- | --- | --- | --- |
| **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: |  |  |  |