

**SOCIAL SECURITY BOARD
REQUEST FOR SALARIES RECORD**

DATE: _____

Dear Sir/Madam:

URGENT - BENEFIT INVOLVED

REFERENCE: Mr. / Mrs. / Ms. _____

of: _____
Address

It is understood that the above named person who claimed _____ Benefit
from _____,
Date

was employed by you up to _____ AM / PM on _____
Time *Date*

His / her insurable earnings for the period of _____ weeks,
commencing _____ (date) are urgently required
for the purpose of processing his / her claim for benefit.

Please complete the Salary Certification and return it to Social Security immediately. If this employee is paid monthly, but is sick for only a part of the month, the full monthly rate of actual earnings is still required.

Yours sincerely,

(Name of Officer)
For Chief Executive Officer
SOCIAL SECURITY BOARD

_____ } *Address of Issuing Office*

