***WCR-3***

**EMPLOYER’S RETURN OF EARNINGS**

**\_\_\_\_\_\_\_\_\_\_\_**

*(Made under regulation 14(1))*

*\_\_\_\_\_\_\_\_\_\_*

1. Name of employer ………………….……………………………………………..................
2. WCF Reg. No ………………….....………………………………………………………….
3. Period/ year covered (e.g. 2016/2017)...……………………………………………………..
4. Name (s) and addresses including physical addresses of branches of the same business operated by the employer and number of employees of each branch **(provide relevant attachments)**
5. Category of employees

|  |  |  |  |
| --- | --- | --- | --- |
| **S/No.** | **Category of Employees based on the Contract of Employment** | **Number of Employees** | **Total** |
| **Male** | **Female** |  |
| **Previous year** | **Current year** | **Previous year** | **Current year** | **Previous year** | **Current year** |
|  | Permanent (Unspecified period of time)  |  |  |  |  |  |  |
| 1.
 | Temporary (Specified period of time) |  |  |  |  |  |  |
|  | Specific task |  |  |  |  |  |  |

1. Particulars of each employee for different categories of employees may be provided as an **attachment** as shown in the example below

|  |  |
| --- | --- |
| **S/No.** | **Employee particulars** |
|  | **Name**  | **Age**  | **Sex**  | **Job title**  | **Annual earnings (amounts)** |
|  | **Permanent employees** (Unspecified period of time) |  |  |  |  |
|  | John Chacha | 26 | M  | Electrical engineer  | 24,000,000 |
|  | **Temporary employees** (Specified period of time) |  |  |  |  |
|  | Irene George  | 23 | F | Assessor  | 36,000,000 |
|  | **Specific Task employees** |  |  |  |  |
|  | Magafu Manyama | 25 | M  | Steel Fixer  | 8,000,000 |

 **Note:**

1. **Annual Earnings means the annual amount which is paid by an employer for his employees during their employment period. This include basic salaries and other fixed allowances which are paid on monthly basis along with basic salaries.**
2. **For any change with respect to employee’s earnings or employment provide separate information as an attachment.**

**DECLARATION**

I,…………………………………………………………,declare that what I have stated herein above is true to the best of my knowledge.

Name……………………………………………..,

Designation……………………………………..,

Signature………………………………………..,

Date……………………………………………..,

Official Stamp of the employer

|  |
| --- |
| **Attachment** |

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| --- |
| **Attachment** |
| **EMPLOYEE'S PARTICULARS** |
| **S/N** | **First Name** | **Middle Name** | **Last Name** | **Date of Birth** | **Sex** | **Job Title** | **Employment Category(Permanent, temporary, contract)** | **Annual Basic Salary** | **Annual allowance** | **WCF employee Unique No\*** |
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| **\*Please note:** WCF member employee unique number will be generated by the Fund after submission of the returns. |