



Warning: Any person who knowingly makes a false statement or any false representation for the purpose of obtaining benefit commits an offence punishable by fine or imprisonment or both.

Second schedule

LAY-OFF CERTIFICATE

To be completed by the Employer and given to Claimant

For official use only
Receiving Officer _____

1. I certify that: Mr. Mrs. Ms. _____
Surname First Name Middle Name(s)

N. I. S Number:

--	--	--	--	--	--	--	--

Has been employed with _____

Employer No.

--	--	--	--	--	--	--	--

 from _____ to _____
dd/mm/yyyy dd/mm/yyyy

2. Occupation: _____

3. Last day for which he/she was paid was _____
dd/mm/yyyy

4. If pay in lieu of notice was made, how many weeks were paid? _____

5. If severance payment was made, how many weeks were paid? _____

6. If vacation payment was made, how many weeks were paid? _____

7. Reason for layoff: _____

8. If known, what is the expected date of re-employment? _____
dd/mm/yyyy

9. In order for the National Insurance Services to determine the eligibility for this benefit, we need to know the total insurable wages on which contributions have been paid or are due to be paid in respect of the time spent in your employment by this employee within the last 6 months. In this regard, please complete the following "Period of Employment" section.

Employment within Last 6 Months		Total Insurable Wage or Income	No. of Weeks	Contributions Due		
Month	Year			Employee \$	Employer \$	Total \$

Table 1: Period of Employment

Declaration

I declare that the information given on this form is true and correct to the best of my knowledge and belief.

Employer/Representative: _____
Name (please print) Signature

Position: _____ Date: _____

dd/mm/yyyy

*Affix
Business/Company
Stamp/Seal
here*

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