

LEAVE AND PERSONAL TAX OPTION

Name and Surname: _____

ID / Passport no.: _____ MHR no.: _____

LEAVE

Please mark the applicable block with a ✓ to confirm your leave option

A I hereby request to be paid an all-inclusive tariff per hour.
*MHR pays a leave inclusive hourly tariff to compensate for annual leave.
 Therefore the leave component is included in the hourly tariff and does not accrue separately.*

OR

B I hereby request to accrue leave as per the Basic Conditions of the Employment Act (BCEA).
*MHR pays a tariff excluding the leave component as leave accrues as hours are worked.
 The leave balance accrues separately and is paid out upon the panel member's request.*

I take note of the following:

1. Leave is granted 1 hour for every 17 hours worked. Therefore I will receive a lower tariff per hour as my leave balance accrues separately.
2. My accrued leave will be calculated and administered by MHR.
3. I cannot request for a lesser amount to be paid out than the total balance of my leave accrued at the time of the pay out. I also take note that no leave will be paid out if the accrued value is less than R300. MHR will process this payment upon my request.
4. My leave payment is taxable.
5. The balance of my accrued leave will be paid out annually at the end of the company financial year (31 March) and may not be carried over to the next financial year.

PERSONAL TAX

Tax reference no.:

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*(Number may only start with 0, 1, 2, or 3) **NB: SARS tax document to be attached***

Please mark the applicable block with a ✓ to confirm your tax option

A I hereby confirm that I am earning additional income and request that MHR tax me _____%
(I understand that this may not be less than 25%).

B I hereby confirm that MHR is my sole source of income and request that my tax be deducted according to the normal SARS tax tables.

C I hereby confirm that MHR is my sole source of income and request that my tax be deducted at a fixed percentage of _____% *(I understand that this may not be less than 25%).*

I hereby undertake to inform MHR immediately should my tax status change.

 Signature: Panel member

 Date