

Matagaluega o Pisinisi, Alamanuia ma Leipa



Name of Business:			
Type of Business:			
To be submitted within thirty days from end of each half year Note: The information contained in this form will be for the use of the Ministry of Commerce, Industry and Labour ONLY and will be treated with the strictest confidence. 1. Pursuant to the provisions of section 13(i) and (j) of the Labour & Employment Relations Act 2013; and Regulation 22 of the Labour and Employment Regulations 1973, I submit herewith the employment periodic information for Half Year ending:			
		30 June 31 Dec (Tick Half Year Applicable) 20	
		2. No. of normal work days per week 3. No. of normal hours of work Per Day: Per Week:	 9. If a variation in total employment occurred since the last six (6) months, what were the reasons? Sales (increase or decrease) Technology
4. Lowest salary/wage payable: Per hour: Per Day: Per Annum: 5. No. of workers paid at	 (change in production methods) Products/Services (expansion or education in range or type of products manufactured/or services rendered) Other (please specify) 		
6. Total normal salary/wage payroll for the half year period (excluding overtimes, bonuses, allowances, etc)	10. If the business is experiencing difficulties recruiting particular types of labour within Samoa, what are the occupations or skills that are in short supply?		
(Tala) \$ WEEK FORTNIGHT OTHER (Tick Appropriate Box)			
7. Non-Citizen worker(s) if any MALE FEMALE TOTAL	I HEREBY CERTIFY that the above information is true:		
8. Total number of workers (including noncitizen) MALE FEMALE TOTAL	Signed (Employer) Date://		
FOR OFFICE USE ONLY Average Weekly Wage \$: Date Received: Signature of Receiver:	Comments:		
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