# FEDERAL REPUBLIC OF NIGERIA

## NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

### Employer's Schedule of Payments (Actual)

(Section 40(1)(a) of Act)

Employer Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Employer No: ☐☐☐☐☐☐☐☐☐☐

| S/N | Employee | | | | | Total Monthly Earnings | | Remarks |
|---|---|---|---|---|---|---|---|---|
| | Surname | Other Names | Staff ID No. | Date of birth | Gendre | ₦ | K | |
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| **Sub/Grand Total:** | | | | | | | | |

This form should be duly completed and retained by the employer to reflect the actual earnings of the employees over the period of the report.

The information therein should reflect any variation in staff disposition in relation to ECS.RE03 earlier submitted.

Authorized Signatory:_____ Position:_____ Date:_____