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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | |  | |  |  | |  | | | **Email Address**  **Capturing Form** | | | | | | | |
|  |  |  | |  | | |  | | |  | | |  | |
| **Email Address Capturing Form** | | | | | | | | | | | | | | |
| It may be necessary to update the email addresses and mobile phone numbers of all employees on the PERSAL system. It is recommended that official e-mail accounts be utilised, however private e-mail accounts can also be used.  Employees must complete this form in order to receive their electronic notification and payslip via e-mail.  This form must be submitted to the Human Resource Management Section or Payroll Control Section of your department (as per your departments internal arrangements). | | | | | | | | | | | | | | |
| **Part A: To be completed by Employee** | | | | | | | | | | | | | | |
| **System** | PERSAL/EDD(epayslip) | | | | | | | | | | | | | |
| **Name & Surname** |  | | | | | | | | | | | | | |
| **Persal Number** |  | | | | | | | | **Date of Request** | | | |  | |
| **ID Number** |  | | | | | | | | **Cell Number** | | | |  | |
| **Department** |  | | | | | | | | **Programme** | | | |  | |
| **Chief Directorate** |  | | | | | | | | **Directorate / Section** | | | |  | |
| I hereby elect to receive my notifications and pay slip electronically via e-mail at the following e-mail address: - | | | | | | | | | | | | | | |
| **DETAILS FOR CHANGE** | | | | | | | | | | | | | | |
| **Email Address** |  | | | | | | | | | | | | | |
| I hereby agree to receive my notifications and payslips electronically at the e-mail address specified above and take responsibility for the safeguarding of the passwords linked to the e-mail account and the electronic payslips sent to me. | | | | | | | | | | | | | | |
| **Signed at** | (Place) | | | | **This day of** | | | (Month) | | | | **Year** | | (Year) |
| **Applicant Signature** |  | | | | | | | | | | | | | |
| **Part B: Office Use Only** | | | | | | | | | | | | | | |
| **Email address captured on PERSAL/SYSTEM By:** | | | | | | | | | | | | | | |
| **Name & Surname** | | |  | | | **Signature** | | | | |  | | | |
| **Persal Number** | | |  | | | **Date** | | | | |  | | | |