N E A / L E / 1

NATIONAL EMPLOYMENT AUTHORITY OFFICE

SERIAL NUMBER……

NAME OF AGENCY ……..TEL……..……..……..

POSTAL ADDRESSS ……..…… PHYSICAL LOCATION: ……..…….. EMAIL ……..…..

REGION ……COUNTY ……..…..SUB - COUNTY ……..……..……..

PRIVATE EMPLOYMENT AGENCY FORM (LOCAL EMPLOYMENT)

QUARTERLY RETURNS FOR THE MONTH OF .....TO .....

S/No	Name of Employee	Sex	Age	ID No.	Job Title (Occupation)	Highest level of Education	Highest Training Award	Specific Skill Area	Name of Employer	Address of Employer	Telephone	Date of commencement of Contract	Date of Expiry of Contract	Place of Work	Contact of Next of Kin