

PRELIMINARY WORKSHEET

Disclaimer: The information required on this Preliminary Worksheet is for internal use only.

By completing this form, you have **NOT** lodged a formal complaint.

Date:	Enquiry Number:	Case Number:
Employee Information	1	
Employee Name:		
Status: Work Permit	☐ PR ☐ Caymanian /Status	
Job Title:		
Date of Birth:		
Physical Address:	MM/YYYY	Postal Address:
	Email:	
Employer Information		
	Pos	stal Address:
	Position:	
	Direct line:	
	Email:	
	ature of your visit for Labour enqu	
Unfair Dismissal	Periods/Time of Wage Payments	Occupational Safety & Health
Vacation Pay	Temporary Suspension	Medical Contacted
Compassionate Leave	■ Notice Pay	Other, please specify:
Probationary Period	Overtime	
Severance Pay	Sick Leave	
Public Holiday	Gratuity	
Maternity Leave	On-the-job Injury	

IMPORTANT NOTICE: The Department of Labour & Pensions ("DLP") enforces the Labour Act (2021 Revision) and the National Pensions Act (2012 Revision) (the "Act") and engages with employers and employees to prevent breaches of this Act by providing the necessary information and training to both parties in accordance of this Act. The information collected from an employer or an employee is derived from the completion of this document, which will not be shared with any other external persons and/or organisations. However, the information provided may be shared with the employee of an employee who has authorised the sharing of such information or requests a further investigation to be completed by the DLP. The information collected from this enquiry will be stored in DLP's secure database and used in investigations authorised by the provider and will be archived at the conclusion of the matter as per the National Archive and Public Records Act (2021 Revision). Please visit www.gov.ky/dlp to read our Privacy Notice. To learn more about how we process your personal data or exercise your rights under the Freedom of Information Act (2021 Revision) and Data Protection Act (2021 Revision), visit www.gov.ky/dlp or contact foi.dlp@gov.ky.

Please indicate the nature of your visit for Pensions enquiries:				
No Pension Plan				
── Pension deduction				
Retirement				
Other Pension enquiry				
Details and the sections of a				
Briefly explain the nature of you	our visit 			
Officer Assigned:	Entered by:			
Officer Assigned.	Entered by:			
File Notes	Time in: Tim	e out:		
		 		
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General enquiry/Matter Closed	General enquiry/Complaint Filed			
	central engany, complaine rilea			
	DLP Officer Assig	ned		