

SALARY & WAGE DISPUTE FORM

(Pursuant to the Employment Code Act No. 3 of 2019, Section 47 & 59)

Jurisdiction: Republic of Zambia

Document Type: Employment Dispute Record

PURPOSE:

This form is intended to record and initiate a formal grievance regarding unpaid, delayed, or incorrectly calculated wages or salary by an employee. It is a legally recognised first step in seeking redress under Zambian labour laws.

PART A: COMPLAINANT (EMPLOYEE) DETAILS

Full Name: _____

National Registration Card (NRC) No.: _____

Job Title/Designation: _____

Department/Unit: _____

Date of Employment Commencement: _____

Type of Employment: ☐ Permanent ☐ Fixed-Term ☐ Casual ☐ Probationary

Contact Number: _____

Email Address (if applicable): _____

PART B: EMPLOYER DETAILS

Name of Employer (Company or Individual): _____

Company Registration Number (if applicable): _____

Business Address: _____

Supervisor or Manager Name: _____

Contact Number: _____

PART C: NATURE OF WAGE OR SALARY DISPUTE

- ☐ Non-payment of salary or wages
- ☐ Partial payment / underpayment
- ☐ Delay in payment
- ☐ Illegal deduction(s) from salary
- ☐ Discrepancy in overtime, leave pay, or allowances
- ☐ Failure to pay final dues after termination
- ☐ Other (specify): _____

PART D: DETAILS OF COMPLAINT

Period Affected (e.g., January 2025 – March 2025): _____

Agreed Monthly Salary/Wage (Gross): ZMW _____

Amount Actually Paid: ZMW _____

Outstanding Amount (if any): ZMW _____

Describe the issue in detail (include dates, amounts, communications, etc.):

PART E: SUPPORTING DOCUMENTATION

Please tick the documents attached:

- ☐ Copy of Employment Contract
- ☐ Payslips / Payroll Records
- ☐ Bank Statements
- ☐ Email or Written Communication with Employer
- ☐ Witness Statements
- ☐ Termination Letter (if applicable)
- ☐ Other: _____

PART F: REMEDY SOUGHT

- ☐ Payment of outstanding salary/wages
- ☐ Reimbursement of unlawful deductions
- ☐ Correction of future salary/wage amounts
- ☐ Payment of terminal benefits
- ☐ Apology / formal acknowledgment
- ☐ Other (specify): _____

PART G: GOVERNING LAW & DISPUTE MECHANISM

This grievance is made in accordance with:

- **Section 47** of the *Employment Code Act No. 3 of 2019* – Payment of wages
- **Section 59** – Prohibited deductions
- **Labour Commissioner Guidelines**
- **Industrial and Labour Relations Act, Cap. 269** (where applicable)

Disputes not resolved internally may be escalated to:

- ☐ Labour Officer
 - ☐ Labour Commissioner
 - ☐ Industrial Relations Court
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PART H: DECLARATION BY EMPLOYEE

I hereby declare that the information provided in this form is accurate and truthful to the best of my knowledge. I submit this complaint in good faith and understand that any false information may result in legal consequences.

Signature of Employee: _____

Date: _____

PART I: FOR OFFICE USE ONLY

Date Received: _____

Receiving Officer Name: _____

Signature: _____

Reference Number (if applicable): _____

- ☐ Complaint acknowledged
 - ☐ Internal HR review initiated
 - ☐ Forwarded to Labour Office
 - ☐ Resolved
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Official Stamp: _____