



NATIONAL SOCIAL SECURITY & WELFARE CORPORATION
www.nasscorp.org.lr 15th Street & Payne Avenue, Monrovia nasscorp@nasscorp.org.lr
FORM 3: ROLL OF EMPLOYMENT

PART A

EMPLOYER'S NAME

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EMPLOYER'S CODE

I give below the names and other particulars of new employees as defined in Section 89.70 (4) recruited during the month _____. New employees who do NOT have the 9- digit Social Security Number should complete Form 2 – (EMPLOYEE REGISTRATION).

NO. (1)	LAST NAME (2)	FIRST NAME (3)	SOCIAL SECURITY NO. (4)	Is Form Two (2) Attached?		
				YES	NO	*NA

Date_____ Authorized Signature _____ Position in Firm_____ Date and Stamp of Employer_____

See **REVERSE SIDE** for **PART B** in respect of employees who have ceased employment. (Please Stamp all Pages) Page ____ of ____ Page(s)

***NA - Not Applicable if applicant has the 9-digit Social Security Number.**

PART B

I give below the names and other particulars of employees who **CEASED TO BE EMPLOYED** in this business during the month_____.

NO. (1)	LAST NAME (2)	FIRST NAME (3)	SOCIAL SECURITY NO. (4)
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Date _____ Authorized Signature _____ Position in Firm _____ Stamp and Date _____