

MODEL EMPLOYER'S STATEMENT

Employer's particulars	Employer's name: Employer's address: Postcode and town: Chamber of Commerce number:
Employee's particulars	Employee's name: Employee's address: Postcode and town: Date of birth: Commencement of employment: Position: <input type="checkbox"/> male <input type="checkbox"/> female(day, month, year)
Type of employment contract	The employee: Is there a trial period? Is there any intention to terminate the employment in the near future? If so, please explain: Director / shareholder:	<input type="checkbox"/> is employed for an indefinite period / on a permanent basis <input type="checkbox"/> is employed for a fixed period / on a temporary basis until <input type="checkbox"/> is flexibly employed as:..... (e.g. temporary agency worker, stand-in worker or on-call worker) <input type="checkbox"/> no <input type="checkbox"/> yes If so, has the trial period expired ? <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes, share percentage%
Employment continuation statement (if applicable)	If the employee continues to perform as at present and business conditions remain the same, the fixed-term contract will be converted into a permanent employment contract when that period expires:	<input type="checkbox"/> no <input type="checkbox"/> yes (extra signature) Name of signatory:
Income	1. Gross annual salary ¹ 2. Holiday allowance ² 3. 13 th month salary ³ 4. Christmas bonus ³ 5. Life course ³ 6. Irregular hours allowance ⁴ 7. Overtime allowance ⁴ 8. Commission ⁴ 9. 10.	€(basic salary excluding overtime etc.) € € € € € € € €
Loans / attachment of wages	Have you provided the employee with a private loan? Have the employee's wages been attached or has an assignment of those wages been imposed?	<input type="checkbox"/> no <input type="checkbox"/> yes If so, commencement date:..... principal €..... term (months): monthly repayment €..... <input type="checkbox"/> no <input type="checkbox"/> yes If so, until..... €..... per month
¹⁾ The gross annual salary based on the usual number of working weeks in the sector. ²⁾ In the case of holiday vouchers or a time savings fund, note 100% of the value of the holiday vouchers or time savings fund. ³⁾ Unconditional income components laid down in the employment contract. ⁴⁾ If there is a structural allowance for irregular hours, commission and/or overtime allowance, note the amount granted over the past 12 months.		
The signatory declares on behalf of the employer that this form was completed truthfully. Name of signatory: Signed inon..... Signature:.....		
Should you wish to verify this information, please contact: Name:..... Telephone.:		