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: | (day, month, year) |
| Type of employment contract | The employee: | ☐ is employed for an indefinite period / on a permanent basis ☐ is employed for a fixed period / on a temporary basis until |
| Contract | Is there a trial period? | □ is flexibly employed as: |
| | · | If so, has the trial period expired ? ☐ no ☐ yes |
| | Has a reorganization or measure been announced that may affect the employment or income, or is there any intention to terminate the employment in the near future? | □ no □ yes Explanation: |
| | If so, please explain what the impact of this is on the employee's employment or income: | |
| | Director / shareholder: | □ no □ yes, share percentage% |
| Employment continuation statement (if applicable) | If the employee continues to perform as at present and business conditions remain the same, will the fixed-term contract be continued or renewed when that period expires? | ☐ Yes, for a fixed period for a term of at least months ☐ Yes, for an indefinite period ☐ No, no continued or renewed employment contract |
| | If the employment contract is renewed, will the employment conditions be amended, and if so, please explain how: | □ no □ yes, |
| | Name of signatory: | |
| | | (extra signature) |
| Income | 1. Gross annual salary ¹ 2. Holiday allowance ² 3. 13 th month salary ³ 4. Christmas bonus / end-of-year bonus ³ 5. Structural Irregular hours allowance ⁴ 6. Structural Overtime allowance ⁴ 7. Structural Commission ⁴ 8. Structural flexible budget, freely disposable and only available as monetary payment ³ 9 | € |
| 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 | □ no □ yes If so, commencement date: principal € Term (months) monthly repayment € □ no □ yes If so, until € per month |
| those wages been imposed? If so, until | | |
| The signatory declares on behalf of the employer that this form was completed truthfully. Name of signatory: | | |
| Signed inon | | |
| Should you wish to verify this information, please contact: NHG employer's statement 2024-1, valid with effect from 01-11-2023 | | |
| Name:TelephoneTelephone | | |