

**MODEL EMPLOYER'S STATEMENT**

<p><b>Employer's particulars</b></p>	<p>Employer's name: Employer's address: Postcode and town: Chamber of Commerce number:</p>	<p>..... ..... ..... .....</p> <table border="1" style="width: 100px; height: 20px; margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
<p><b>Employee's particulars</b></p>	<p>Employee's name: Employee's address: Postcode and town: Date of birth: Commencement of employment: Position:</p>	<p>..... <input type="checkbox"/> male <input type="checkbox"/> female ..... ..... ..... .....(day, month, year) .....</p>								
<p><b>Type of employment contract</b></p>	<p>The employee:  Is there a trial period?  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? If so, please explain what the impact of this is on the employee's employment or income:  Director / shareholder:</p>	<p><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 .....</p> <p><input type="checkbox"/> is flexibly employed as:..... (e.g. stand-in worker, on-call worker or temporary agency worker (including phase))</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes If so, has the trial period expired ? <input type="checkbox"/> no <input type="checkbox"/> yes</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes</p> <p>Explanation:..... ..... .....</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes, share percentage .....%</p>								
<p><b>Employment continuation statement (if applicable)</b></p>	<p>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?  If the employment contract is renewed, will the employment conditions be amended, and if so, please explain how:  Name of signatory: .....</p>	<p><input type="checkbox"/> Yes, for a fixed period for a term of at least ..... months <input type="checkbox"/> Yes, for an indefinite period <input type="checkbox"/> No, no continued or renewed employment contract</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes,..... ..... .....(extra signature)</p>								
<p><b>Income</b></p>	<p>1. Gross annual salary <sup>1</sup> 2. Holiday allowance <sup>2</sup> 3. 13<sup>th</sup> month salary<sup>3</sup> 4. Christmas bonus / end-of-year bonus <sup>3</sup> 5. Irregular hours allowance <sup>4</sup> 6. Overtime allowance <sup>4</sup> 7. Commission <sup>4</sup> 8. .... 9. ....</p>	<p>€ .....(basic salary excluding overtime etc.) € ..... € ..... € ..... € ..... € ..... € ..... € ..... € .....</p>								
<p><b>Loans / attachment of wages</b></p>	<p>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?</p>	<p><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</p>								
<p><sup>1)</sup> The gross annual salary based on the usual number of working weeks in the sector. <sup>2)</sup> In the case of holiday vouchers or a time savings fund, note 100% of the value of the holiday vouchers or time savings fund. <sup>3)</sup> Unconditional income components laid down in the employment contract. <sup>4)</sup> If there is a structural allowance for irregular hours, commission and/or overtime allowance, note the amount granted over the past 12 months.</p>										
<p>The signatory declares on behalf of the employer that this form was completed truthfully. Name of signatory: ..... Signed in .....on..... Signature:.....</p>										
<p>Should you wish to verify this information, please contact: Name:.....Telephone:.....</p>										