MODEL EMPLOYER'S STATEMENT Employer's Employer's name: particulars Employer's address: Postcode and town: Chamber of Commerce number: Employee's Employee's name: particulars Employee's address: Postcode and town: Date of birth: Commencement of employment:(day, month, year) Position: Type of The employee: ☐ is employed for an indefinite period / on a permanent basis employment \square is employed for a fixed period / on a temporary basis until contract ☐ is flexibly employed as:..... (e.g. stand-in worker, on-call worker or temporary agency worker (including phase) Is there a trial period? □ yes 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 \square no □ yes terminate the employment in the near future? Explanation: If so, please explain what the impact of this is on the employee's employment or income: □ no ☐ yes, share percentage% Director / shareholder: **Employment** If the employee continues to perform continuation as at present and business conditions Yes, for a fixed period for a term of at least months statement (if remain the same. will the fixed-term Yes, for an indefinite period applicable) contract be continued or renewed when that period expires? 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 €(basic salary excluding overtime etc.) 2. Holiday allowance €..... 3. 13th month salary³ €..... 4. Christmas bonus / end-of-year bonus 3 € 5. Irregular hours allowance ' 6. Overtime allowance 4 7. Commission 4 €..... 8. € Have you provided the employee with a Loans / □ ves attachment private loan?

those wages been imposed? The gross annual salary based on the usual number of working weeks in the sector.

Have the employee's wages been

attached or has an assignment of

of wages

□ no

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:

If so, commencement date:..... principal €.....

Term (months)..... monthly repayment €.....

If so, until..... per month

□ yes

In the case of holiday vouchers or a time savings fund, note 100% of the value of the holiday vouchers or time savings fund.

Unconditional income components laid down in the employment contract.

If there is a structural allowance for irregular hours, commission and/or overtime allowance, note the amount granted over the past 12 months.