

**EMPLOYER'S CERTIFICATE**

**IMPORTANT!**

**This form must be completed in full by one person; no corrections allowed; please specify salary as per table**

<b>Employer's details</b>	Employer's name : ..... Employer's address : ..... Postcode and town : .....
<b>Employee's details</b>	Employer's name : ..... Postcode and town : ..... Date of birth : ..... Employment start date : ..... Job title : .....
<b>Type of employment relationship</b>	The employee <input type="checkbox"/> has a permanent contract of employment or holds a permanent appointment <input type="checkbox"/> Has a fixed-term contract of employment or holds a temporary appointment <input type="checkbox"/> Earns an income on the basis of a flexible employment relationship, i.e.: ..... (e.g. agency worker, stand-in worker, on call worker)  Is there any extension to terminate the employment in the near future? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain : .....  Director/shareholder: <input type="checkbox"/> no <input type="checkbox"/> yes
<b>Statement regarding continuation of employment (where applicable)</b>	If the employee's performance and the employer's circumstances do not change, the fixed-term contract of employment will be followed, upon its termination, by a permanent contract of employment. <input type="checkbox"/> Yes <input type="checkbox"/> no <b>extra signature and corporate stamp</b> : ..... Signatory's name : .....
<b>Income</b>	1. Gross annual salary (1) € ..... (basic salary excluding overtime) 2. Holiday pay (2) € ..... 3. Unsocial hours allowance € ..... 4. Fixed (3) 13 <sup>th</sup> month's salary € ..... 5. Commission (4) € ..... 6. Fixed year-end bonus € ..... 7. Overtime € ..... 8. .... € .....
<b>Loans / wage garnishment</b>	Have you extended a private loan to the employee? <input type="checkbox"/> No <input type="checkbox"/> yes If yes, effective date : ..... Principal sum: € ..... Term : ..... Annual payment : ..... Has the employee's salary been garnished? <input type="checkbox"/> No <input type="checkbox"/> yes <b>If yes, € ..... Until .....</b>
1) the gross annual salary for the usual number of working weeks in the business sector in question. 2) In the case of holiday vouchers: 100% of the value of the holiday vouchers 3) "Fixed" means: unconditional income components laid down in the employment contract. 4) In the case of commission, please state the appropriate amount for the past 24 months. 5) In the case of overtime payments, please state the appropriate amount for the past 24 months.	
The undersigned certifies on behalf of the employer that this form has been completed truthfully:  Signatory's name : .....	Signed in : ..... On : ..... Signature and corporate stamp: .....
For verification of the above information please contact: Name : ..... Telephone : .....	
<input type="checkbox"/> = please tick as appropriate	