VIISI

EMPLOYER'S STATEMENT		
Employer's particular	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: Sex: Commencement of employment: Position:	☐ male ☐ 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:	☐ is employed for an indefinite period / on a permanent basis ☐ is employed for a definite / on a temporary basis until: ☐ is flexibly employed as a: (e.g. temporary agency worker, stand-in worker, on-call worker) ☐ no ☐ yes If yes, has the trial period ended? ☐ no ☐ yes ☐ no ☐ yes ☐ no ☐ yes
Employment continuation statement (if applicable)	If the employee continues to perform as at present and business conditions remain the same, the contract for a definite period will be converted into a permanent appointment when that period expires:	☐ no ☐ yes ..... (**extra** signature and company stamp) Name of signatory:
Income	1. Gross annual salary[1] 2. Holiday allowance[2] 3. Unsocial hours bonus[4] 4. Regular[3] thirteenth month's salary 5. Commission[4] 6. Regular[3] Christmas bonus 7. Overtime allowance [4] 8.	Currency: (basic salary exclusive of overtime, etc.)
Loans / wage attachment	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?	☐ no ☐ yes, if so, commencement date: Principal sum: term: annual payment: ☐ no ☐ yes If so, the maximum monthly amount attached

1) The gross annual salary based on the usual number of working weeks in the sector.
2) If holiday vouchers were issued, note their entire value.
3) Regular refers to the unconditional income components laid down in the employment contract.
4) If there is a structural allowance for unsocial hours, provision 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.	Signed in date
Name of signatory:	Signature and company stamp .....
Should you want to verify these data please contact:	Name: Tel.:

Sign with blue pen only