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
	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:	□ no □ yes Explanation:
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: Name of signatory:	□ no □ yes,(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. Irregular hours allowance ⁴ 6. Overtime allowance ⁴ 7. Commission ⁴ 8	€
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 those wages been imposed?	□ no □ yes If so, commencement date: principal € Term (months) monthly repayment € □ no □ yes If so, until per month
The gross annual salary based on the usual number of working weeks in the sector. 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.		
The signatory declares on behalf of the employer that this form was completed truthfully. Name of signatory: Signed in Signature: Should you wish to verify this information, please contact:		
Name:Telephone.:		