**MODEL - EMPLOYER’S STATEMENT**

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| --- | --- | --- |
| **Employer’s**  | Employer’s name:  | ………………………………………………………………..…………….. |
| **particulars**  | Employer’s address:  | ……………………………………………………………….….………….. |
|  | Postcode and town:  | ……………………………………………………………….……………… |
|  | Chamber of Commerce number:  |

|  |  |  |  |  |  |  |  |
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| **Employee’s**  | Employee’s name:  | ……………………………………………………….  male  female |
| **particulars**  | Employee’s address:  | ……………………………………………………………………………… |
|  | Postcode and town:  | ……………………………………………………………………………… |
|  | Date of birth: | ……………………………………………………………………………… |
|  | Commencement of employment: | ………………………………..……………………….(day, month ,year ) |
|  | Position: | ……………………………………………………………………………… |
| **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 / stakeholder: | * 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 or on-call worker) * no  yes

If so, has the trial period passed?  no  yes* no  yes

……………………………………………….……………………………..……………………………………………….……………………………..* no  yes , shares percentage …………………………..%
 |
| **Employment continuation**  | If the employee continues to perform as | * no  yes
 |
| **statement** | at present and business conditions remain |  |
|  | the same, the contract for a definite period |  |
| **(if applicable)** | will be converted into a permanent |  |
|  | appointment when that period expires: |  |
|  | Name of signatory : | …………………………………………………………………………….. |
|  | …………………………………………… | (**extra**  signature) |
| **Income** | 1. Gross annual salary 1 | € ………………………………….. (basic salary excl. overtime, etc.) |
|  | 2. Holiday allowance 2 | € …………………………………... |
|  | 3. 13th month’s salary 3 | € …………………………………... |
|  | 4. Christmas bonus 3 | € …………………………………... |
|  | 5. Life course 3 | € …………………………………... |
|  | 6. Irregular hours allowance 4 | € …………………………………... |
|  | 7. Overtime allowance 4 | € …………………………………... |
|  | 8. Commission 49. ……………………………….10. ……………………………... | € …………………………………...€ …………………………………...€ …………………………………... |
| **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 imposed? | * no  yes

If so , commencement date:…………………….……. Principal sum €……….….….. term…………….annual payment €……….….…..* no  yes

If so, until………………………….. €…………………………per month |
| 1) The gross annual salary based on the usual number of working weeks in the sector.2) In the case of holiday vouchers or a time savings fund, note 100% of the value of the holiday vouchers or time savings fund.3) Unconditional income components laid down in the employment contract.4) 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…………………………….. on.…………………………... Signature:…………………………………………………… |
| Should you wish to verify this information, please contact: Name:…………………………………………………………………………………………………………………………………………………….Telephone: ……………………………………………………………………………………………………………………………………………… |

NHG Employers statement 2020-1, valid with effect from 01-01-2020