MODEL EMPLOYER'S STATEMENT

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| **Employer’s** | Employer's name:  Employer's address:  Postcode and town:  Chamber of Commerce number: | ………………………………………………………………..…………….. |
| **particulars** | ……………………………………………………………….….………….. |
|  | ……………………………………………………………….……………… |
|  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | |
| **Employee’s** | Employee's name:  Employee's address:  Postcode and town:  Date of birth:  Commencement of employment:  Position: | ……………………………………………………….  male  female |
| **particulars** | ……………………………………………………………………………… |
|  | ……………………………………………………………………………… |
|  | ……………………………………………………………………………… |
|  | ………………………………..……………………….(day, month, year) |
|  | ……………………………………………………………………………… |
| **Type** of  **employment**  contract | The employee:  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:  Director / shareholder: | * is employed for an indefinite period / on a permanent basis * is employed for a fixed period / on a temporary basis until ……………………….…………………………………………… * is flexibly employed as:……………………………………….   (e.g. stand-in worker, on-call worker or temporary agency worker (including phase)   * no  yes   If so, has the trial period expired ?  no  yes   * no  yes   Explanation:………………………………………………….……………………………..……………………………………………….…………………………………………………………………………………………………………..   * no  yes, share percentage …………………………..% |
| 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?  If the employment contract is renewed, will the employment conditions be amended, and if so, please explain how:  Name of signatory:  ……………………………………………. | * Yes, for a fixed period for a term of at least ….. months * Yes, for an indefinite period * No, no continued or renewed employment contract |
| * no  yes,…………………………………………………..   ………………………………………………………………………………  …………………………………………………………(extra signature) |
| **Income** | 1. Gross annual salary 1 | € …………………………………..(basic salary excluding overtime etc.) |
|  | 2. Holiday allowance 2 | € …………………………………... |
|  | 3. 13th month salary3 | € …………………………………... |
|  | 4. Christmas bonus / end-of-year bonus 3 | € …………………………………... |
|  | 5. Irregular hours allowance 4 | € …………………………………... |
|  | 6. Overtime allowance 4 | € …………………………………... |
|  | 7. Commission 4  8. ………………………………..  9. ……………………………… | € …………………………………...  € …………………………………...  € …………………………………... |
| **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 |
| 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 employer’s statement 2021-1, valid with effect from 01-10-2020