

MODEL - WERKGEVERSVERKLARING

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:	_____ <input type="checkbox"/> male <input type="checkbox"/> female _____ _____ _____ _____ (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:	<input type="checkbox"/> is employed for an indefinite period / on a permanent basis <input type="checkbox"/> is employed for a fixed period / on a temporary basis until _____ <input type="checkbox"/> is flexibly employed as: _____ (e.g. stand-in worker, on-call worker or temporary agency worker (including phase <input type="checkbox"/> no <input type="checkbox"/> yes If so, has the trial period expired? <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes Explanation: _____ <input type="checkbox"/> no <input type="checkbox"/> 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: _____	<input type="checkbox"/> Yes, for a fixed period for a term of at least _____ months <input type="checkbox"/> Yes, for an indefinite period <input type="checkbox"/> No, no continued or renewed employment contract <input type="checkbox"/> no <input type="checkbox"/> yes, _____ <div style="text-align: right;">(extra signature)</div>
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. _____ 9. _____	€ _____ (basic salary excl. overtime etc.) € _____ € _____ € _____ € _____ € _____ € _____ € _____
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?	<input type="checkbox"/> No <input type="checkbox"/> Yes Yes, start date _____ principal € _____ Term (months) _____ Monthly € _____ <input type="checkbox"/> No <input type="checkbox"/> Yes repayment If so, until _____ € _____ per month
<p>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.</p>		
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: _____ Phone no: _____		