

EMPLOYEE DATA	
Name of the employee	
Date and place of birth	
Work phone number	/ extension
Current position	senior executive middle-level manager other knowledge worker manual worker
Occupation	
Employment	hours per week / day
Probation time	in progress - end date: ended
The employee is	active passive (sick pay) maternity leave until:
In case of passive status, the commencement date	
Commencement date of current employment	
The employee is under dismissal	yes no
The employment contract of the employee is for	indefinite term definite term
In case of definite term, the employment ends on	
Upon the end of the definite term, the employment is extended	yes no
If the maternity leave status expires within 90 days, the employer undertakes to continue the employment	yes no

EMPLOYER DATA - TO BE FILLED IN BY THE EMPLOYER					
Name of the employer					
Registered seat					
Address of the employer					
Tax registration number					
Company registration number					
Economic sector	Industry, processing industry	Agriculture	Commerce, Hospitality, freight forwarding, travel, telecommunications	Financial, legal activity and ancillary services	Education, health, government, social work, other social services
Relationship between the employee, the employer and the authorized representative/signatory of the certificate of employment	no relation		ownership	close relative	
Name of the person responsible for filling in					
The person responsible for filling in is an	employee of the employing company	employee of an external payroll/accounting company Name of the company:			
E-mail address of the person responsible for filling in					
Phone number	/ extension				
Fax number					

.....
Signature of the person responsible for filling in

SALARY INFORMATION

GROSS base salary	currency:	
Salary payment method	In cash	By transfer
Has there been a salary increase in the last 3 months? If so, the amount thereof is		
Is there garnishment, advance regarding the salary?	yes	no
If yes, the ground for garnishment		
Period of the garnishment	from	to
Amount of the garnishment	(amount, currency) OR	% of the income

SALARY OF THE LAST THREE MONTHS

Period (month of certified salary)	Year		Month			
	Gross	Net				
The amount of monthly salary paid			Contains sick leave income	Yes	No	
Of which the amount of reward / bonus / commission (underline the appropriate one!)			Frequency:	monthly	quarterly	biannual annual
Of which the amount of shift allowance / overtime (underline the appropriate one!)			Frequency:	monthly	quarterly	biannual annual
Of which the amount and title of other allowances*			Title:			

Period (month of certified salary)	Year		Month			
	Gross	Net				
The amount of monthly salary paid			Contains sick leave income	Yes	No	
Of which the amount of reward / bonus / commission (underline the appropriate one!)			Frequency:	monthly	quarterly	biannual annual
Of which the amount of shift allowance / overtime (underline the appropriate one!)			Frequency:	monthly	quarterly	biannual annual
Of which the amount and title of other allowances*			Title:			

Period (month of certified salary)	Year		Month			
	Gross	Net				
The amount of monthly salary paid			Contains sick leave income	Yes	No	
Of which the amount of reward / bonus / commission (underline the appropriate one!)			Frequency:	monthly	quarterly	biannual annual
Of which the amount of shift allowance / overtime (underline the appropriate one!)			Frequency:	monthly	quarterly	biannual annual
Of which the amount and title of other allowances*			Title:			

**Other allowances: other non-regular allowances, reimbursement of travel expenses, fuel saving, clothing allowance, staff reward, service fee, daily allowance, housing allowance, etc. (unacceptable types of income)*

We declare that for the above-mentioned incomes the prescribed public dues have been paid.

PLACE AND DATE:

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Authorized signature of the employer
Place of the stamp

Name of signatory 1 in capital letters:

Name of signatory 2 in capital letters: