Employee Status Form / Certificate of Income



Name of Employee						
Job Description						
Name of Company/Organisation		•				
Business Registered Address						
Place of Employment						
Date Employment Commenced				: -	: _	
Is Employment		Permanent		Fixed Contract Temporary		
Term of Contract (if on contract)		Term		Expiry Date		
Is Employment Full Time/Part Time		Full Time		Part Time		
Currently on Probation		Yes No		Date Probation Ends		
Annual Salary/Wage – E	Basic	€		•		
Annual Bonus		€		Guaranteed?	O Yes	No
Annual Commission		€		Guaranteed?	Yes	No
Overtime Actual/Estimated		€				
	Last Year		2 Years		3 Years Ago	
Basic	Last rear	2 100		3 760	o rears Ago	
Other						
P60			:			
	·				•	
Annual Car Allowance		€		Guaranteed?	O Yes	No
Annual Shift Allowance		€		Guaranteed?	○ Yes	No
Payment Frequency						
Is Employee Subject to Salary Scale		Yes (No	If YES State Max	ximum €	
Is Employment Pensionable?		Yes No		Pension/Levy Deduction p.m €		
Retirement Age						
Date	Da					
Signed The signatory must hold a senior position within the company				Declaration*		
Block Capitals				Capitals		
Position Held						
Company Stamp				in connection with the	e lender (Bank) to contact my emp i income figures and employment	_