



# SALARY CERTIFICATE

## EMPLOYEE STATUS ENQUIRY

(Please complete in BLOCK CAPITALS)

Company / Organisation Name:

Address:

Telephone Number:

Company Registration Number:

Name of Employee Mr. / Mrs. / Ms. / Miss / Other:

Address:

Does employee have flexibility to work remotely on an ongoing basis as part of their current role:  Yes  No

Employee Start Date:

|D|D|/|M|M|/|Y|Y|Y|Y|

PPS Number:

Position held with Company:

Location of Employment:

Permanent:  Yes  No

Pensionable:  Yes  No

Full Time:  Yes  No

Part Time:  Yes  No

Temporary:  Yes  No

Fixed Contract:  Yes  No

Subject to Probationary Period:  Yes  No

Subject to Contract:  Yes  No

Probationary End:

|D|D|/|M|M|/|Y|Y|Y|Y|

Type of Contract:  Rolling  Indefinite Duration

Contract Start Date:

|D|D|/|M|M|/|Y|Y|Y|Y|

Contract End Date:

|D|D|/|M|M|/|Y|Y|Y|Y|

Pension Scheme in place:  Yes  No

Employee Contribution Mandatory:  Yes  No

If yes, Employee Contribution per annum: € \_\_\_\_\_



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(Please complete in BLOCK CAPITALS)

	Current Year	Previous Year	Two Years Ago	Three Years Ago	Guaranteed or Regular
Annual Basic Salary:	€	€	€	€	<input type="checkbox"/> <input type="checkbox"/>
Car Allowance:	€	€	€	€	<input type="checkbox"/> <input type="checkbox"/>
Shift Allowance:	€	€	€	€	<input type="checkbox"/> <input type="checkbox"/>
Overtime:	€	€	€	€	<input type="checkbox"/> <input type="checkbox"/>
Bonus:	€	€	€	€	<input type="checkbox"/> <input type="checkbox"/>
Commission:	€	€	€	€	<input type="checkbox"/> <input type="checkbox"/>
Other Please Specify: _____	€	€	€	€	<input type="checkbox"/> <input type="checkbox"/>

Employee Subject to a Salary Scale:  Yes  No

What is the Maximum of the Scale: €

If YES, what is the next point up in the employee salary scale? €

As far as you are concerned, will employee continue in your employment:  Yes  No

Mandatory Retirement Age if Applicable:

Signature:

Please Authenticate with Company Seal / Stamp

Print Name:  
(Owner, HR, Manager, etc.)

Authorised Signature for and on Behalf of:

Date: |D|D| / |M|M| / |Y|Y|Y|Y|

We hereby advise you that your information will be processed, recorded and retained by us in electronic form. The information given will be treated in the strictest confidence. We may contact you by phone to verify the details given.



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