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| Model employer’s statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Employer’s  particulars | Employer's name: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Employer's address: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Postcode and town: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Chamber of Commerce number: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| Employee’s  particulars | Employee's name: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Employee's address: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Postcode and town: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Date of birth: | | | | | | | | | | | day - month - year | | | | | | | | | | | | | | | | | | | | | |
| Commencement of employment: | | | | | | | | | | | day - month - year | | | | | | | | | | | | | | | | | | | | | |
| Position: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| Type of  employment  contract | The employee: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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))* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there a trial period? | | | | | | | no  yes | | | | | | If so, has the trial period expired? | | | | | | | | | | | | no  yes | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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? | | | | | | | | | | | | | | | | | no  yes | | | | | | | | | | | | | | | |
| If so, please explain what the impact of this is on the employee’s employment or income: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Director / shareholder: | | | | | | | no  yes, share percentage: | | | | | | | | | | |  | | % | | | | | | | | | | | | |
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| 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?: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| yes, for an indefinite period | | | | | | | | | | | yes, for a fixed period for a term of at least | | | | | | | | | | | | | | |  | | months | | | | |
| no, no continued or renewed employment contract | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | If the employment contract is renewed, will the employment conditions be amended?: | | | | | | | | | | | | | | | | | | | | | | | | | | | | no  yes | | | | |
| If so, please explain how: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Name of signatory: | | | | |  | | | | | | | | | | | | | | | | Extra signature: | | | | | | | |  | | | |
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| Income | 1 | | Gross annual salary **1** *(basic salary excluding overtime etc.)* | | | | | | | | | | | | | | € | |  |  | | | |  | | | | | | | 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) Conditional income components which are usual for the type of employment and branch and this income is to be expected to continue for the future. *Note the amount granted over the past 12 months.* | | |
| 2 | | Holiday allowance **2** | | | | | | | | | | | | | | € | |  |  | | | |
| 3 | | 13th month salary ³ | | | | | | | | | | | | | | € | |  |  | | | |
| 4 | | Christmas bonus / end-of-year bonus ³ | | | | | | | | | | | | | | € | |  |  | | | |
| 5 | | Structural Irregular hours allowance ⁴ | | | | | | | | | | | | | | € | |  |  | | | |
| 6 | | Structural Overtime allowance ⁴ | | | | | | | | | | | | | | € | |  |  | | | |
| 7 | | Structural Commission ⁴ | | | | | | | | | | | | | | € | |  |  | | | |
| 8 | | Structural flexible budget, freely disposable and available as monetary payment ³ | | | | | | | | | | | | | | € | |  |  | | | |
|  | | | |
| 9  9  10  100  1) Het bruto jaarsalaris van het gebruikelijke aantal werkweken in de bedrijfstak.  2) Bij vakantiebonnen of tijdspaarfonds: 100% van de waarde van de vakantiebonnen of tijdspaarfonds.  3) In de arbeidsovereenkomst vastgelegde onvoorwaardelijke inkomensbestanddelen.  4) Als het inkomensonderdeel gebruikelijk is in de bedrijfstak en dat het inkomen naar de toekomst ook te verwachten is: Het bedrag over de laatste 12 maanden. | |  | | | | | | | | | | | | | | €  €  € | |  |  | | | |
| 10 | |  | | | | | | | | | | | | | | € | |  |  | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loans and wage  garnishments | Have you provided the employee with a private loan? | | | | | | | | | | | | | | | | no  yes | | | | | | | | | | | | | | | | |
| If so, commencement date: | | | | | | | | |  | | | Principal € | | | |  | | | | Terms: | | | |  | | | *(Months)* Monthly repayment € | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Have the employee’s wages been attached or has an assignment of those wages been imposed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | no  yes | | | | | If so, intil: | | | | |  | | | | € | |  | | | | per month | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | The signatory declares on behalf of the employer that this form was completed truthfully. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signed in | | |  | | | | | | | | | | | | on | | | | | |  | | | | | | | | |  | |
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|  | | Name of signatory: | | | | |  | | | | | | | | | Signature: | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Should you wish to verify this information, please contact: | | | | | | | | | | | | | | | | | | | | |
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|  | | Name: | |  | | | | | | | | | | | | Telephone: | | | | | | | | | | | | | | | |  | |
| *NHG employer’s statement 2024-1 2.0, valid from 01-03-2024* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |