

EMPLOYEE STATUS ENQUIRY

(Please complete in BLOCK CAPITALS)

Company / Organisation Name: _____

Address: _____

Company Registration Number: _____ Position held with Company: _____

Name of Employee Mr. / Mrs. / Ms. / Miss _____

Employee Address: _____ Does employee have flexibility to work remotely as part of their current role: Yes No

Employment start date: _____ Month: _____ Year: _____ Date Next Salary Review | D | D | / | M | M | / | Y | Y | Y | Y |

If Yes Next Point on Scale € _____ PPS Number: _____ Full Time: Yes No

Part Time: Yes No Temporary: Yes No Fixed Contract: Yes No

Subject to Probationary Period: Yes No State Probationary / Contract Period End: | D | D | / | M | M | / | Y | Y | Y | Y |

Subject to Contract: Yes No Type of Contract Rolling Indefinite Duration

Pension Scheme in place: Yes No Employee Contribution Mandatory: Yes No Voluntary Employee Contribution per annum: € _____

Health/Dental Insurance Yes No

| | Current Year - Full Annual Salary | Previous Year | Two Years Ago | Three Years Ago | Guaranteed or Regular |
|----------------------|-----------------------------------|---------------|---------------|-----------------|-----------------------|
| Annual Basic Salary: | € _____ | € _____ | € _____ | € _____ | |
| Car Allowance: | € _____ | € _____ | € _____ | € _____ | |
| Shift Allowance: | € _____ | € _____ | € _____ | € _____ | |
| Overtime: | € _____ | € _____ | € _____ | € _____ | |
| Bonus: | € _____ | € _____ | € _____ | € _____ | |
| Commission: | € _____ | € _____ | € _____ | € _____ | |

Can employee work remotely from home Yes No

Employee subject to a Salary Scale (if yes, state maximum of scale) Yes No € _____

As far as you are concerned, will he/she continue in your employment: Yes No

Signature: _____

Print Name: _____

Position: (Owner, HR Manager, etc.) _____

Authorised signature for and on behalf of: _____

Telephone: _____

Email: _____

Please authenticate with company seal / stamp

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