**TERMS OF EMPLOYMENT**

*Written notification is provided by the employer to every employee either:*

*(a) in written form, or*

*(b) digitally, where information can be accessed, stored and printed.*

1. Employer's name: .........................................................................................................

ID number/Company registration number: …………………… (whichever is applicable)

Social insurance registration number: ..........................................................................

1. Employee's name: ........................................................................................................

ID number: ………………….… Social insurance number: ………………………………

1. Workplace and address: ……………………..................................................................

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1. Registered company address∕employer's residence address (whichever is applicable): ……………………………………………………………………………………..….……..…

………………………......................................................................................................

1. Title/Grade/Type/Category of employment: …............………………………………… ............................................................................................................................................................................................................................................................................
2. Brief description of employment (not required, if *(5)* is completed): ……………………………………………………………….…………………………………

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1. Date of commencement of employment: ….……………………………………….………
2. The employment is fixed – term and is terminated on/when …....…………………… ………………………………………………………………………………………………………………………..………………….……………. (applies to fixed - term employment only).
3. Earnings (choose between: YES/NO, by deleting what is not applicable):
* The gross salary is €............................................ and will be paid once a month /a week/twice a month/other as follows: (delete what is not applicable) ………………………………………………………………………………………………..
* 13th salary shall be paid as follow YES / NO € ………...… (amount) at ....................................................................................................................................
* 14th salary will be paid as followed YES / NO € ………........……(amount) at ....................................................................................................................................
* Commission shall be paid on the basis of € .........................................................
* Other benefits shall be provided YES / NO as follows (i.e. bonus, provident fund, benefits etc.): ..............................................................................................................
* Hours exceeding normal daily/weekly (delete what is not applicable) working hours shall be compensated as overtime according to the following rate: ……………. …………………..……………….…………………………………………………………...

Employment during public holidays/holidays and days off shall be paid as overtime according to the following rate ………………………………..…………………………...

* Annual salary increase is agreed YES / NO as follows: ……………………... ……………………………………………………………………………….............………
* In cases of unpredictable working schedule, the remuneration for work beyond the guaranteed paid hours shall be as follows: ……………………………………………… ………………………………………………………………………………………………..
1. The duration of the normal daily work period is ............................................ hours, and ............................. hours weekly, on a five-day/six-day/other schedule, as follows: (delete what is not applicable): ………………………………….. and includes the following days: ….…………………...…………………………………………………………. ………………………………………………………..………………………….………...……..

The paid public holidays are the following: ……………………..………………………….… ……………………………………………….......………………………………………………...…………………………………………………………………………………………………..

The work schedule will be in shifts YES/NO (delete what is not applicable) and the shift arrangements will be as follows: …………………………………………………………… ……………………………………………………………………………………………………

The work schedule will be unpredictable YES/NO (delete what is not applicable) and may include the following days: ……………………………………..……………………… ……………………………………………………………………………………..……… . The guaranteed working hours will be ..…………………… per day/week/month (delete what is not applicable). The period during which the employee may be called to work will be from: ………….………………….. to ………………….. The minimum notice period before commencement of a work assignment will be ………………..…………………hours/days/weeks (delete what is not applicable). The deadline for cancelling a work assignment is: ……………………………………………………………………………………………………

1. The probationary period is ……………………………………. (cannot exceed 6 months).

In case the employer terminates the employment, the minimum notice shall be provided to the employee, as provided by the Termination of Employment Law, as follows (delete what is not applicable): …………………………………………………………………………

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1. Provision of free training for …………………………………………………………………..

…………………………………………………………………………………………….……...

1. The duration of annual leave is[[1]](#footnote-1)............................................................. and is paid by the employer/by the Central Holiday Fund (delete what is not applicable).

Any application for annual leave must be submitted ………………….......... days before.

1. In case of illness, social insurance sick leave benefit, will be compensated/will not be compensated in order to complete full monthly salary (delete what is not applicable). In case of absence due to illness for less than 3 days, the employer shall pay the salary/the employer shall deduct 3 days of salary (delete what is not applicable).

In the event that daily wages will not be deducted from salary due to illness, the employee must present a doctor’s certificate.

1. Working conditions are governed by a collective agreement YES/NO, (title of collective agreement: …...…………………………………………………………………………………

………………….…………………………………………………………...……………………………………………….………………………………………………………………………...

1. Contributions for social security purposes will be paid to the Social Insurance Fund.

Date: .........................................................................

Employer's signature: ................................................

Name (in full): .........................................................

Employee's signature: .............................................

Name (in full): ........................................................

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1. As a minimum,what is provided for by the Annual Leave Law:

- for a five-day working week, the minimum Annual Leave with payment is 20 days

- for a six-day working week, the minimum Annual Leave with payment is 24 days [↑](#footnote-ref-1)