



SOCIAL INSURANCE LAW

**EMPLOYER'S DECLARATION FOR THE PURPOSES OF PARENTAL  
LEAVE BENEFIT / GRANTING INSURANCE CREDITS FOR PARENTAL  
LEAVE**

**ATTENTIONH:**

Any person who intentionally makes a false statement or false claims in order to secure an allowance either for him or for another person, is subject to criminal prosecution.

**To be completed only when submitting an electronic application via CyLogin.**

**APPLICANT'S DETAILS**

1. Name and surname of applicant:  
.....
2. Social Insurance Number:  
.....
3. I.D. Number:  
.....

**EMPLOYMENT DETAILS**

1. Employer's Name:  
.....
2. Employer Registration Number:  
.....
3. Address: ..... Tel.: .....
4. Email address: .....
5. Employment start date of the applicant:  
.....
6. Are you paying the applicant any amount during their leave? YES / NO  
If YES, please specify:
  - a) Full salary: ..... period from ..... to .....
  - b) Salary minus the allowance: ..... period from .....to.....
  - c) Reduced salary: amount €..... per week / per month / per day  
period from .....to .....

I confirm the taking of parental leave for the period from ..... to .....

Date: .....

Employer's Signature: .....