

EMPLOYEE STATUS ENQUIRY

(Please complete in BLOCK CAPITALS)

Company / Organisation Name: _____

Address: _____

Telephone Number: _____

Company Registration Number: _____

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: _____ PPS Number: _____ Position held with Company: _____

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

State Probationary / Contract Period End: | D | D | / | M | M | / | Y | Y | Y | Y | Type of Contract Rolling Indefinite Duration

Pension Scheme in place: Yes No Employee Contribution Mandatory: Yes No If yes, Employee Contribution per annum: € _____

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

Is employee's income supported by Covid-19 wage support Scheme (if yes) Yes No

Scheme Name: _____

Monthly Value: € _____

Expected end date of support: | D | D | / | M | M | / | Y | Y | Y | Y |

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: _____

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

Please authenticate with company seal / stamp