

## 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Length of Service: Years: \_\_\_\_\_ Months: \_\_\_\_\_ 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	
Gross basic salary:	€ _____	€ _____	€ _____	<input type="checkbox"/>	<input type="checkbox"/>
Car allowance:	€ _____	€ _____	€ _____	<input type="checkbox"/>	<input type="checkbox"/>
Shift allowance:	€ _____	€ _____	€ _____	<input type="checkbox"/>	<input type="checkbox"/>
Overtime:	€ _____	€ _____	€ _____	<input type="checkbox"/>	<input type="checkbox"/>
Bonus:	€ _____	€ _____	€ _____	<input type="checkbox"/>	<input type="checkbox"/>
Commission:	€ _____	€ _____	€ _____	<input type="checkbox"/>	<input type="checkbox"/>

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.) \_\_\_\_\_

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

Authorised signature for and on behalf of: \_\_\_\_\_

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

Please authenticate with company seal / stamp