## Employee Status Enquiry (Please complete in BLOCK CAPITALS)





Company / Organisation Name:						
Company 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						
Employee Start Date: Month: Year:				PPS Number:		
Position Held:			Permanent: Yes		No Pensionable: Yes No	
Part-Time: Yes No		Temporary: Yes		s No	No Fixed Contract: Yes No	
Subject to Probationary Period: Yes No S				Subject to Contract: Yes No		
State Probationary/Contract Period End: DD / MM / YYYY 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		Previou	ıs Year	Two Years Ago	Guaranteed or Regular
Annual Basic Salary:						
Car Allowance:						
Shift Allowance:						
Health/Dental Insurance						
Overtime:						
Bonus:						
Commission:						
Date of next salary review: DD / MM / YYYY Employee subject to salary scale: Yes No						
Are these salary scales guaranteed: Yes No				If yes, what is th	ne next point up on the salary scale	2:
If yes, State the maximum of scale: €						
As far as you are concerned. Will he/she continue in your employment? Yes No						
Signature:				Employer Contact Telephone Number:		
Print Name:				Employer Contact Email Address:		
Position:				Employer Contact Registered Number:		
Authorised Signature for and on behalf of:						
Date: DD / MM / YYYY						