

SALARY CERTIFICATE

[To be completed by Applicants Employer]

EMPLOYMENT DETAILS					
Name of Employee:			Length of service with the	Years	Months
			company:		
Address of Employee:			Job Title:		
			Please indicate if FT/PT:		
				🗆 Full-time	Part-time
Name of Employer:			Is Employment	Permanent	
				Contract	
				Temporar	у
Date of commencement of			Is the employee on	□ Yes	🗆 No
Employment:			probation period?		
	Date:		If so, please enter date when	Date:	
			probation ceases		
So far as you are able to tell	□ Yes	□ No	If so, what is the maximum		
will he/she continue to be in			of such scale and by what		
your service?			annual increments reached?		

SALARY DETAILS

Paid by: Cash
Cheque
EFT

Income Type	Per Annum	Guaranteed	Regular	Irregular	
Gross basic wage/salary:					
Overtime:					
Bonus:					
Commission:					
Other Income*:					
*Please give details of other income:					

THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED	COMPANY OFFICAL
Signed by: I certify that the above information is correct	
Position:	
Company Name:	
Address:	
Tel Number: Date:	Please authenticate with company stamp or seal
THE INFORMATION GIVEN WILL BE TREATER	
Email: <u>info@letterkennycu.ie</u> Tel: 00353 7	4 91 24166 Fax: 00353 74 91 25258