

# Salary Certificate

**This form must be completed by the employer in black font, and the original completed version returned to First Choice Credit Union.**

Name of Employee: \_\_\_\_\_  
 Address of Employee: \_\_\_\_\_  
 \_\_\_\_\_  
 Exact Location of Employment: \_\_\_\_\_  
 Employee Reference Number: \_\_\_\_\_  
 PPS Number: \_\_\_\_\_  
 Position held within the business: \_\_\_\_\_  
 Date of commencement of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has the employee completed his/her probationary period :    Yes:     No:

Is the employment

- Permanent:    Yes:     No:
- Pensionable:    Yes:     No:
- Temporary:    Yes:     No:
- Fixed contract:    Yes:     No:     \*\*\*

\*\*\*Terms of Contract: Is the contract renewable?    If renewable, state the terms of renewal:  
 \_\_\_\_\_

Gross Basic Wage / Salary per annum:    € \_\_\_\_\_ p.a.    Please state which of these is guaranteed:  
 Overtime:    € \_\_\_\_\_ p.a.    Overtime: \_\_\_\_\_  
 Bonus:    € \_\_\_\_\_ p.a.    Bonus: \_\_\_\_\_  
 Commission:    € \_\_\_\_\_ p.a.    Commission: \_\_\_\_\_

Is the employee on a salary?    Yes:     No:   
 If yes, what is the maximum of the scale?    \_\_\_\_\_  
 As far as you are aware, will he/she continue in your service: \_\_\_\_\_

**On behalf of \_\_\_\_\_ (please insert the employer name), I certify that the above information is correct.**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_  
 Position: \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Number: \_\_\_\_\_  
 Registered Number: \_\_\_\_\_

**Please authenticate with company stamp / seal & date:**