



# SALARY CERTIFICATE

## EMPLOYEE STATUS ENQUIRY

(Please complete in BLOCK CAPITALS)

Company / Organisation Name:

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number:

Company Registration Number:

Name of Employee Mr. / Mrs. / Ms. / Miss / Other:

Address: \_\_\_\_\_  
\_\_\_\_\_

Does employee have flexibility  
to work remotely on an ongoing  
basis as part of their current role: ☐ Yes  
☐ No

Employee Start Date: | D | D | / | M | M | / | Y | Y | Y | Y |

PPS Number:

Position held with Company:

Location of Employment:

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

Probationary End: | D | D | / | M | M | / | Y | Y | Y | Y |

Type of Contract: ☐ Rolling ☐ Indefinite Duration

Contract Start Date: | D | D | / | M | M | / | Y | Y | Y | Y |

Contract End Date: | D | D | / | M | M | / | Y | Y | Y | Y |

Pension  
Scheme  
in place: ☐ Yes ☐ No

Employee  
Contribution  
Mandatory: ☐ Yes ☐ No

If yes,  
Employee  
Contribution  
per annum: € \_\_\_\_\_



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(Please complete in BLOCK CAPITALS)

	Current Year	Previous Year	Two Years Ago	Three Years Ago	Guaranteed or Regular	
Annual 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"/>
Other Please Specify: _____	€	€	€	€	<input type="checkbox"/>	<input type="checkbox"/>

Employee Subject to a Salary Scale: ☐ Yes ☐ No

What is the Maximum of the Scale: €

If YES, what is the next point up in the employee salary scale? €

As far as you are concerned,  
will employee continue in  
your employment: ☐ Yes  
☐ No

Signature:

Print Name:  
(Owner, HR, Manager, etc.)

Please Authenticate with Company Seal / Stamp

Authorised Signature for and on Behalf of:

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

We hereby advise you that your information will be processed, recorded and retained by us in electronic form.  
The information given will be treated in the strictest confidence. We may contact you by phone to verify the details given.



Avant Money

