

EMPLOYER'S CERTIFICATE OF INCOME FROM DEPENDENT ACTIVITY



EMPLOYEE:

First name, surname, title:

Address of permanent residence:

Birth ID no.:

Family status: Number of Dependent Children:

EMPLOYER:

Name: Company Registration No:

Address:

Position:

Employed since:

☐ indefinite term ☐ fixed term to, which ☐ has/☐ has not been extended at least once

INCOME:

Average gross monthly income in the previous 6 months EUR
(or for months, if employed for a shorter period). Excluding extraordinary pay, bonuses and subsistence costs
in words

Average net monthly income in the previous 6 months EUR
(or for months, if employed for a shorter period). Excluding extraordinary pay, bonuses and subsistence costs
in words

Average net monthly income for the last 3 months EUR
Excluding extraordinary pay, bonuses and subsistence costs
in words

Average gross monthly income in the previous calendar year EUR
in words

(to be completed only in the case of an applicant for a state contribution for young people)

The employee is paid:

☐ in cash ☐ by bank transfer to account no.

Payroll deductions of EUR are made for the following reason:

I hereby confirm that the employee is not in a trial period or under notice of termination and that no proceedings for termination of employment are being conducted against the employee.

Confirmation issued by:

Function:

Telephone:

E-mail:

Issue date:

Employer's stamp

The certificate is valid for 30 days from issue.

Signature:.....