

Salary Certificate



Section A Employment Details

To be completed by Employer

Name of employee: _____

Commencement date of employment: / /

Employment type

Permanent

Temporary

Contract

Apprenticeship

Contract expiry date: / /

Is job still subject to probation period?

Please tick, Yes or No

If yes, for how long? _____

Position now held: _____

Employment type

Salary Wages

Basic pay p/a: _____

In so far as you are able to tell, will he/she continue in your service?

Please tick, Yes or No

Employer's signature: _____

Name: _____

Position: _____

Company: _____

Address: _____

Date: / /

Please authenticate this form with a Company stamp or seal:

Section B Permission

To be completed by Employee

I hereby consent to the use of the information provided on this form, including personal data by Savvi Credit Union Ltd, for the purposes of contacting my employer (if required) in relation to the information above and my employment contract.

Signature: _____

Date: / /



Need some help with this form?

Call us on 01 - 632 5100 or email us at hello@savvi.ie

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