

The information received will be treated as confidential and only for use by Wexford County Council and its subsidiaries. Please complete in Block capitals and use black pen to complete. On completion, please give this Certificate to your employee who should then include it with their application.

Name of Employee

PPS

Job Description

Name of Company/Organisation

Business Registered Address

Location/Address of Employment

Does the employee's current role allow for remote working? Yes  No

Date Employment Commenced  Day  /  Month  /  Year

Is Employment Permanent  Contract  If Contract, term of contract  Day  /  Month  /  Year  Expiry Date

Is Employment Full Time  Part Time  Currently on Probation Yes  No  Date Probation Ends  Day  /  Month  /  Year

Currency of Salary EUR  GBP  USD  Other (please specify)

	Current	Guaranteed		Current	Guaranteed
Annual Basic	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Annual Bonus	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Car Allowance	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Annual Commission	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Shift Allowance	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (please specify)	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Overtime Actual/ Allowance Estimated	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="text"/>	

**Where non-guaranteed income is part of remuneration structure please complete the below table.**

	Last Year	2 Years Ago	3 Years Ago
Annual Total Guaranteed Income	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Annual Total non-Guaranteed Income	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

\*If the income is performance related, made up of any non-basic (e.g. shift/overtime etc.) or contract income, we require 3 years most recent statement of earnings from the employee e.g. Employment Detail Summary (formerly P60).

Payment Frequency

Is Employee Subject to Salary Scale? Yes  No  If Yes Please State Maximum €

Is Employment Pensionable? Yes  No  Monthly Pension/Levy Deduction €

**Company Stamp**

If company stamp is not available please provide a short letter on official company headed paper confirming no company stamp available and salary cert details are correct. Both letter and salary cert should be signed by the same individual.

**Signature**

I certify that the above information is correct.

**BLOCK CAPITALS**

**Phone Number**

**Extension**

**Position Held**

**Date Signed**  Day  /  Month  /  Year