

INCOME CERTIFICATE

Please complete legibly

Employer's phone number: (fixed line)

NIP (if not shown by the stamp)

REGON (if not shown by the stamp)

Company stamp of Employer

First name and surname

PESEL number

Current position

The place where the work is performed (address):

CONTRACT OF EMPLOYMENT / MANAGER'S CONTRACT / APPOINTMENT / NOMINATION

Date when first employed: by current Employer

The Employee is employed under:

- ☐ Contract of employment for an indefinite period from: _____ to: _____
☐ Contract of employment for a definite period from: _____ to: _____
☐ Manager's Contract ☐ Nomination/appointment from: _____ to: _____

Please specify the average monthly salary for the last 12 months or throughout the period of employment, if the Employee was employed for less than 12 months

Contract of employment for an indefinite/ definite period / manager's contract / nomination / appointment

Currency of income

Average net monthly salary for the last 12 months/_____ months (please specify the actual number of months of employment if it is less than 12 months)
 – excluding food allowance, long service awards, one-off uniform expenses equivalents, funding for glasses, funding for holidays;
 – including the annual bonus, incl. the "13th salary", "14th salary", semi-annual/quarterly/monthly bonus.

Per diems (for professional drivers) (average monthly amount for the last 12 months)

Salary is paid: ☐ in cash ☐ to bank account
 Over the last 12 months, **the gross base salary** ☐ has not changed ☐ was changed on _____ - _____ - _____ (date)
 from _____ to _____ A change in: job description ☐ YES ☐ NO; position ☐ YES ☐ NO

Net amounts of annual/semi-annual/quarterly bonuses, awards, '13th salary', '14 salary' and similar payments received during the last 12 months

1. Type of payment received:	Amount:	Date of payment: _____ - _____ - _____
2. Type of payment received:	Amount:	Date of payment: _____ - _____ - _____
3. Type of payment received:	Amount:	Date of payment: _____ - _____ - _____
4. Type of payment received:	Amount:	Date of payment: _____ - _____ - _____

EMPLOYEE

Is within notice period? ☐ YES ☐ NO

Is/ Was, in the last three months, on a sick leave longer than 30 days ☐ YES ☐ NO
 – If YES, please insert the dates from _____ - _____ - _____ to _____ - _____ - _____

Has taken maternity / child care / unpaid leave (delete as appropriate) ☐ YES ☐ NO
 – If YES, please insert the dates from _____ - _____ - _____ to _____ - _____ - _____

Is any portion of income garnished as a result of a court decision or bank enforcement order (including child support and alimony)? ☐ YES ☐ NO
 – If YES, please specify the reason for garnishment and amount of income garnished: _____ / _____ PLN

Is the income reduced by any other regular deductions (monthly, quarterly, etc.)? insurance policies, medical subscription, other, (!) excluding any loans from ZFSS (Company Social Benefits Fund) ☐ YES ☐ NO
 – If YES, please specify the nature and amounts of deductions _____ / _____ PLN

Are any deductions for a loan made by an Employer? ☐ YES ☐ NO
 – If YES, please insert date when the loan was granted _____ - _____ - _____ / monthly repayment _____ PLN / outstanding amount _____ PLN

EMPLOYER

Has the Employer been declared bankrupt, is the Employer in liquidation or in the course of reorganization proceedings: ☐ YES ☐ NO
 – if YES, please specify: _____

Signature/stamp of person authorized by the Employer to issue employment and income certificates

Person issuing the certificate:

Name and surname: _____

Phone: _____