

Employer Declaration for Casual/Part-time/Short-time Employment

Social Welfare Services

UP80

Data Classification R



Employer's Name:

Employer's Address:

Employer's Reg Number:

Employer's Email address:

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

Employee:

PPS Number:

Commencement date of employment:

D D M M Y Y Y Y

Have their working hours/days been reduced? Yes No

If **Yes**, from what date were they reduced?

D D M M Y Y Y Y

Please state the reason for this reduction:

Did they ask for this reduction? Yes No

How many days per week did they work before this reduction? _____

How many hours do they now work each week? How many days do they work each week

Are the number of hours/days worked each week? Fixed Change

If the hours/days change, please give reason why:

Do you expect them to return to full-time work in the future? Yes No

If **Yes**, please state when you expect them to return to full-time work:

D D M M Y Y Y Y

Number of hours worked a day (Monday - Sunday) - enter daily average if hours vary: _____

Number of days worked a week (Monday - Sunday) - enter weekly average if days vary: _____

Gross hourly rate of pay: € _____

Work Pattern Declaration – please complete as follows for each day

Days Remunerated	Days worked	Days not worked	Holiday Pay
O	O	X	H

Please insert work pattern for the current week and a projected pattern for the two following weeks

Week Commencing	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please provide details below of wages paid and deductions made to the employee named overleaf for the last 13 weeks

Week-Ending Date (Monday – Sunday)	Gross Pay	Superannuation	Pension Levy	Employee's PRSI	Union Subs	Net Pay*	Number of days worked in week
	€	€	€	€	€	€	
	€	€	€	€	€	€	
	€	€	€	€	€	€	
	€	€	€	€	€	€	
	€	€	€	€	€	€	
	€	€	€	€	€	€	
	€	€	€	€	€	€	
	€	€	€	€	€	€	
	€	€	€	€	€	€	
	€	€	€	€	€	€	
	€	€	€	€	€	€	
	€	€	€	€	€	€	
	€	€	€	€	€	€	
	€	€	€	€	€	€	
	€	€	€	€	€	€	

*Note: Net pay for Social Welfare purposes is the gross pay less PRSI, Superannuation, Pension Levy and Union Dues only.

Have their gross earnings been reduced? Yes No

If **Yes**, please state new gross hourly rate of pay: € .

Is Sunday a day of employment? Yes No

If **Yes**, is the rate of pay for Sunday different to the other days in the week? Yes No

If **Yes**, please state gross rate of pay per hour: € .

Please state number of hours worked:

Declaration

I state that all the information I have provided is true and correct.

Employer's Signature:

Date:
D D M M Y Y Y Y

Employer's Telephone number:

Employer's official stamp

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data policy is available at www.gov.ie/dsp/privacystatement or in hard copy.