

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

Social Welfare Services

UP80

Data Classification R



Employer's Name:	<input type="text"/>
Employer's Address:	<input type="text"/>
Employer's Reg Number:	<input type="text"/>
Employer's Email address:	<input type="text"/>

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

Employee:	<input type="text"/>
PPS Number:	<input type="text"/>

Commencement date of employment:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D	D	M	M	Y	Y	Y

Have their working hours/days been reduced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes , from what date were they reduced?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D	D	M	M	Y	Y	Y

Please state the reason for this reduction:	<input type="text"/>
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Did they ask for this reduction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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How many days per week did they work before this reduction?	<input type="text"/>
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How many hours do they now work each week?	<input type="text"/>	How many days do they work each week	<input type="text"/>
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Are the number of hours/days worked each week fixed, or do they change?	<input type="text"/>
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Do you expect them to return to full-time work in the future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes , please state when you expect them to return to full-time work:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D	D	M	M	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

Enter the date of the first week on which the employee commenced casual/part-time/short-time work. For each day of that week, and all 3 subsequent weeks, that they are working enter '**worked**' under that day. For each day of that week and all 3 subsequent weeks that they are not working enter '**not worked**' under that day. For each day of that week and all 3 subsequent weeks that they receive holiday pay enter '**holiday**' under that day.

Week Commencing	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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? gross hourly rate of pay: ☐ 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 Employment Affairs and 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 protection policy is available at www.gov.ie/deasp/privacystatement or as a hard copy.