

Changes to Employee's Work Pattern

Date employee's hours were reduced:

D D

M M

Y Y Y Y

Before Reduced Hours

How many days did they work per week before?

How many hours did they work per week before?

After Reduced Hours

How many days do they work per week now?

How many hours do they work per week now?

Are their short-time hours/days of work fixed?

Yes

No

If **No** please state reason:

Do you expect the job to become full-time in the future?

Yes

No

If **Yes** please state when:

Employer Declaration

I declare that the employee has temporarily changed their work pattern as stated above. I also confirm that employees and any staff representative bodies have been consulted regarding this change.

Signature (not block letters)

Your name (IN BLOCK LETTERS)

Position in company or organisation

Date of Declaration:

D D

M M

Y Y Y Y

Employer's official stamp

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

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.welfare.ie/dataprotection or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.