

St. Patrick's Credit Union (ESB Staff) Ltd.





Salary Certificate

Part A: To be completed by employer

1.	Name of employee
2.	Date of commencement of employment
3.	Permanent or contract? If contract expiry date
4.	Is job subject to probation period? Y/N
5.	Position now held
6.	Salary or wages – Basic p.a. €
7.	In so far as you are able to tell, will he/she continue in your service?
Signature	
Name	
Position	
Company	
Address	
Date _	
PLEASE AUTHENTICATE WITH A COMPANY STAMP OR SEAL	
Part B:	To be completed by employee
I hereby give my permission and consent for St. Patrick's Credit Union (ESB Staff) Ltd. to contact my employer (if required) in relation to the information above and my employment contract.	
Signatu	ure
Date _	