

EMPLOYMENT LAW INSTRUCTION SHEET

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| Name | |
| Address | |
| Date of Birth | |
| PPS Number | |
| Phone number | |
| Email address | |
| Name of current / most recent employer | |
| Address of current / most recent employer | |
| Your Employer's Tax Number | |
| Have you a written and signed contract of employment? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date of commencement of employment | |
| Were you provided with a copy of your employers bullying & harassment grievance procedures? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Hours worked per week | |
| Days worked per week | |
| Details of your salary | |
| Date of Termination of Employment (if no longer employed) | |
| If no longer in employment, was notice of Termination received? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If no longer in employment, did you receive notice in writing? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Please provide date of this notice | |

Please prepare a summary of the issues that you want discussed and what you want advise on

Please forward a copy of the following along with this completed form:

- Contract of employment
- Any medical certificates
- Letters received from your employer
- Minutes of meetings received from your employer
- Details of any previous disciplinary issues and grievances and the outcome of same.