

Salary notice by the employer

Employee

Employee's last name and first names

Personal identity code

Employment relationship

Employment start date and possible end date

Occupation or position

Type of employment

Until further notice

Fixed-term

When was the fixed-term employment relationship scheduled to end?

Salary, fringe benefits and holiday bonus

Salary paid for one year prior to the incapacity for work (excluding holiday bonuses or any other one-time payments) for the period of -

Total euros

Indicate the unpaid absences and salary increases included in this period in section Further information.

Basis and amount of salary

Monthly pay euros per month

Hourly pay euros per hour

Other, specify euros

Type of fringe benefit Portion added to salary per month / euros

Holiday entitlement days / month

Amount of holiday bonus at annual level euros

Holiday bonus paid last euros Payment date

Holiday bonus has not been accumulated / paid starting from .

Salary payment during incapacity caused by the traffic accident

Period of incapacity due to the traffic accident (do not change if entered in advance)

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Please provide the following information only for the period of incapacity caused by the traffic accident. If this period includes annual holidays, please indicate them in section Further information.

a. The employer pays or has paid the salary for the sick leave in full

- Total euros

b. The employer pays or has paid the salary for the sick leave in part / please indicate the determination basis of the partial salary

- Total euros

c. The salary not received or the incurred loss of income

- Total euros

Tax withholding rate

Further information

Employer details

Name of employer

Contact person's name and phone number

Bank account to which the compensation payable to the employer for the sick leave salary is paid

Date

Signature

The Finnish Motor Insurers' Centre

P.O. Box 2, 00084 VAKUUTUSKESKUS

Tel. 040 450 4520

www.lvk.fi/en