

CONTRACT REQUEST

Form to be completed manually or by computer (preferably)

French Business Advice

Company: Name of Contract Performance Establishment: (If several establ.) Requester:								
Employee: Mr. □ Ms. First Name: Surname:		Address:						
Maiden Name: Social security N°: Date of birth:		Postal Code: City:						
City of birth:		Nationality*:						
Is the employee family-related (through her/his spouse, companion or descendant) to one of the company managers or shareholders? Yes No If so, which one? * If the employee's nationality is not from the EU, her/his resident permit must be attached so that we can check the validity of her/his work permit.								
CONTRACT								
Has the employee already been hired? (If yes, from DD/MM/YYYY to DD/MM/YYYY):								
Employee recognized as a disabled worker? Yes □ No □								
Type of contract:	Date	e of contract:	Wo	rking hours:				
Permanent contract If assisted contract, which one?	Hiring date		☐ Part-time Total weekly hours: h					
☐ Temporary employment contract Replacement of an absent employee Name, function, classification of the replaced employee:				Hourly distribution				
Reason for employee's absence:	н	iring time	We Frid	Monday: Wednesday: Friday: Sunday:		Tuesday: Thursday: Saturday:	h h h	
☐ Temporary increase of activity contract Reason:	Date of end			·	h			
☐ Temporary seasonal contract Reason:		of contract (Except for canent contract)	☐ Full Time 35h: ☐					
"CDD d'usage" (if provided for by collective agreement)	-	Oth		er.	h			
Precise term Imprecise term (fixed-term replacement/seasonal fixed-term)								
	l							
Nature of the job according to its collective agreement and salary								
Employment/Position:				Other co	mment	S (e.g. specific clause,		
Status: Executive ☐ Non-executive				benefits in ki	nd, etc.):			
Classification (Level/Efficiency/Step, etc.):								
Degree / Education Level:								
Monthly salary provided for (For a full month - If not filled in, application of the conventional minimum):								

FRENCH BUSINESS ADVICE - Groupe AUGEFI

URSSAF declaration to be sent by our firm: \square Yes \square No