

Wage claims - Information form



Information about union member:

Date: _____

Name: _____

SSN: _____

Address: _____

Phone: _____

Email: _____

Job description: _____

Nationality/Language: Icelandic English Polish

Contact person: _____

Other: _____

Information about the company:

Company name: _____

SSN: _____

Manager: _____ Phone: _____

Email: _____

Information about hiring arrangement:

Claim is due to: _____

First day of employment: _____

Last day of employment: _____

Working hours: _____

Wage period: _____

Bank account number: _____

Documents for claim:

Employment Contract:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't have a copy <input type="checkbox"/>
Payslips:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Never got them <input type="checkbox"/>
Tax income overview:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Bank overview:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Time report:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't have a copy <input type="checkbox"/>
Termination letter:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Doctor certification	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Communications with the employer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Collective agreement: _____

Have you tried to get your above issues solved by the company? _____