Wage claim - Information form

Information about union member

Name:_____ Date: _____

Address: _____ ID nr: _____

Email: _____ Phone:_____

Language: Icelandic ☐ English ☐ Polish ☐ Job description/title:_____

Other:_____

Information about the company

Company name:_____ Registration nr.: _____

Manager:_____ Phone: _____ Email: _____

Claim information

What is the claim / case about?

_____

_____

_____

Have you tried to get your above issues solved by the company? **Yes** ☐ **No** ☐

Information about contractual relationship

First day of employment: _____ Last day of employment: _____

Work arrangement: Daytime ☐ Shift work ☐ Wage calculation period: _____

Working hours: _____ Bank account number : _____

Duration of meal break: _____

Documents for the claim

	Yes	No	N/A
Employment contract:	☐	☐	
Payslips:	☐	☐	
Tax income overview:	☐	☐	
Bank overview:	☐	☐	
Time report:	☐	☐	
Termination letter:	☐	☐	☐
Doctors certificate:	☐	☐	☐
Confirmation from Sjúkratryggingar Íslands:	☐	☐	☐
Communications with the employer:	☐	☐	

Collective agreement

Private sector SA ☐ Nursing homes SFV ☐ Reykjavík city ☐

Hotels and restaurants ☐ Other municipalities ☐ The state ☐

Other:_____