ANNEX VII

EMPLOYMENT FORM (template)

1. Name and address of employer:

Company head office (if the company address differs from the address of the employer):

2. Name and address of employee:

born on: ______ in _____

- 3. Commencement and any agreed end of the employment relationship and agreed probation period, if applicable:
- 4. Agreed salary:
 - a. Gross basic salary: _____ €
 - b. Overtime rate: _____ €
 - c. The special payments are set out in § 13 of the "Collective contract for employees in the agricultural enterprises of the federal state of Lower Austria".
 - d. The details of the overtime rate and the remuneration of overtime and additional services are set out in §§ 10 and 11 of the "Collective contract for employees in the agricultural enterprises of the federal state of Lower Austria".
 - e. In accordance with the agreement, the following benefits are deducted from the financial salary (see Annex III of the stated collective contract for the evaluation of these fringe benefits):
 - Catering

- Housing
- Heating
- Lighting
- Full allowance

f. Due date of the remuneration:

- g. Type of payment:
- 5. Length of termination notice periods and termination dates

§ 22 of the stated collective contract applies to workers.

§ 23 applies to employees and in accordance with § 19 Farm Employee Act, terminations of employees must be made in writing in order to be valid.

- 6. Habitual place of work:
- 7. Intended scope and brief description of the work to be performed:
- 8. Duration of holiday leave (see § 16 of the aforementioned collective contract):
- 9. agreed normal working hours:

10. applicable collective contract:

Collective contract for employees in agricultural enterprises of the federal state of Lower Austria. The collective contract is kept in the <u>(state the room)</u> of the enterprise and can be viewed on the homepages of NÖ Landarbeiterkammer (Lower Austria Chamber of Agricultural Workers) as well as Landwirtschaftskammer Niederösterreich (Lower Austria Chamber of Agriculture).

11. any applicable company agreements:

^{12.} Name and address of the social security provider responsible for registration:

13. Name and address of the company provision fund:

14. Other agreements:

15. (If applicable) entitlement to provided further training that is an obligation for the employer.

Employees are given a copy of the social security registration upon commencement of employment, as well as a monthly pay slip.

_____, dated ______

Please fill in accurately! Delete if inapplicable!

Here you can find the employment form in your language:

NÖ Landarbeiterkammer (Lower Austria Chamber of Agricultural Workers): www.landarbeiterkammer.at/noe/information

NÖ Landwirtschaftskammer (Lower Austria Chamber of Agriculture): https://noe.lko.at/dienstscheinmuster