



## Monitoring compliance with wage and working conditions

### Company / Employer

Name:	
Street:	
Postal Code, Location, Country:	
Industry:	
Number of employees:	

### Employees

Surname / First name:	
AHV-/Social Insurance no. (only for CH empl.):	
Date of birth:	
Nationality:	
Training / Qualification:	
Duration of Training (study, apprenticeship):	
Work experience (in years):	
Activity in the company (function):	
Executive function:	
Start of employment:	

Was the employee borrowed by an employment agency?  Yes  No

If yes, Name, Address, Phone number of the employment agency

Employment:	<input type="checkbox"/> Level of employment in %:.....	<input type="checkbox"/> On demand	<input type="checkbox"/> Others: .....	
Remuneration:	<input type="checkbox"/> Hourly wage	<input type="checkbox"/> Monthly wage	<input type="checkbox"/> Flat rate fee	<input type="checkbox"/> Others: .....
Currency:	<input type="checkbox"/> Euro	<input type="checkbox"/> CHF	<input type="checkbox"/> Others: .....	
Wage:				

### Supplements<sup>1\*</sup>:

13th Monthly: wage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: .....	% from monthly wage: .....
14th Monthly: wage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: .....	% from monthly wage: .....
Holiday pay:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: .....	% from monthly wage: .....
Christmas bonuses:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: .....	% from monthly wage: .....

\*Please prove the Supplements

### Allowances / lump sum per day

Board:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: .....	<input type="checkbox"/> 1:1 as per receipts	<input type="checkbox"/> * employer	<input type="checkbox"/> * third
Hotel:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: .....	<input type="checkbox"/> 1:1 as per receipts	<input type="checkbox"/> * employer	<input type="checkbox"/> * third



Entsendezulage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: .....	<input type="checkbox"/> per hour	<input type="checkbox"/> per day
-----------------	--	---------------	-----------------------------------	----------------------------------

\*Paid by employer or third; principals for example are understood as third parties

Überstunden:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: .....	% from monthly wage: .....
--------------	--	---------------	----------------------------

Samstagsarbeit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: .....	% from monthly wage: .....
-----------------	--	---------------	----------------------------

*Sonntagsarbeit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: .....	% from monthly wage: .....
------------------	--	---------------	----------------------------

*Nachtarbeit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: .....	% from monthly wage: .....
---------------	--	---------------	----------------------------

\*Authorisation requirement by labour inspectorate – www.ar.ch/kai

**Other allowances** <sup>1</sup> (gratifications, shift allowances, meal coupons etc.)

Empty text box for other allowances

**Capital-forming benefit** <sup>1</sup> (e.g. home loan and savings contract etc.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: .....	<input type="checkbox"/> per month	<input type="checkbox"/> per year
--	---------------	------------------------------------	-----------------------------------

If yes, which ones?

**Working hours**

Weekly working hours?

Does the journey/travel time count as working time??	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Do you keep a working hours record?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--------------------------------------	------------------------------	-----------------------------

Number of contractual holidays per year:

Number of public holidays per year:

\*Please attach working time reports

**Accommodation – exact address (during stay in Switzerland)**

Empty text box for accommodation address

**Remarks**

Empty text box for remarks

**In case of further questions – contact Person, phone number and mail address**

Empty text box for contact information

<sup>1</sup> The **supplements** as well as the amount of the capital-forming benefits needs to be **precisely quantified** and **proven in writing**, e.g. by working contract, payroll or bank transfers. Supplements or capital-forming benefits without written evidence cannot be considered as a part of the wage.

Please attach a copy of the **employment contract**, **payroll** and the **working time reports**. Supplements and holidays can only be taken into account if they are evidently and labeled. Please return this form with the supporting documents by e-mail or post.

Place / Date	Signature
--------------	-----------