

Please note: This is an unofficial translation. In case of discrepancy between the Danish and the English version, the Danish version will prevail.

Ansættelsesbevis/Contract of Employment

Ansættelsesforholdet er omfattet af den gældende overenskomst mellem Dansk Erhverv
Arbejdsgiver og 3F Privat Service, Hotel & Restauration

The employment relationship is covered by the current collective agreement between Dansk Erhverv Arbejdsgiver
and 3F Privat Service, Hotel & Restauration

1. Arbejdsgivers navn og adresse Employer's name and address CVR-nr./company reg. no.: Tlf.nr./tel. no.: E-mail:	1.a. Arbejdsstedets navn og adresse Name and address of the workplace Tlf.nr./tel. No.: E-mail:
2. Medarbejderens navn og adresse Employee's name and address CPR-nr. (social security no.): Tlf.nr. (tel. No.): E-mail (enhver ændring skal straks meddeles virksomheden) (Any change must be notified immediately to the company)	3. Er medarbejderen medlem af 3F Is the employee member of 3F <input type="checkbox"/> Ja/yes <input type="checkbox"/> Nej/no 3.a. Statsborgerskab (Citizenship): 4. Er virksomheden medlem af Dansk Erhverv Arbejdsgiver?: Is the company a member of Dansk Erhverv Arbejdsgiver: <input type="checkbox"/> Ja/yes <input type="checkbox"/> Nej/no
5. Ansæt som (employed as): _____	
6. Tiltrædelsesdato Commencement date: _____	
6.a. Stillingen er tidsbegrænset og ophører uden yderligere varsel pr. den: _____ The position is fixed-term and will end without further notice on: _____	
7. Medarbejderen er fastansat på månedsløn og beskæftiget som: The employee is permanently employed with a monthly salary and employed as: <input type="checkbox"/> Fuld tid (gennemsnitligt 37 timer pr. uge, svarende til 148 timer over 4 uger) Full time (average 37 hours per week equivalent to 148 hours over 4 weeks) <input type="checkbox"/> Deltid, med et garanteret timetal på _____ timer over 4 uger Part-time with a guaranteed number of _____ hours over 4 weeks	
7.a Medarbejderen er beskæftiget som: The employee is employed as: <input type="checkbox"/> Løsarbejder/reserve. Aftalt løn: kr. _____ pr. time Extra staff/casual worker. Agreed salary: DKK: _____ per hour	

8a. **Månedsløn inkl. variable tillæg angivet som et fast månedligt beløb. Tillæggene skal mindst svare til, hvad medarbejderen gennemsnitligt ville have oppebåret, hvis tillæggene blev udbetalt på baggrund af den præsterede arbejdstid:**

Monthly pay including variable allowances indicated as a fixed monthly amount. The allowances must at least be equivalent to what the employee would have received on average if the allowances were paid based on the actual working time:

Minimalløn kr.:

Minimum pay DKK: _____

Fagtillæg kr.:

Vocational allowance DKK: _____

Anciennitetstillæg kr.:

Seniority allowance DKK: _____

Forskudttidstillæg kr.:

Staggered working hours allowance DKK: _____

Korttidstillæg (gastronomer) kr.:

Short term allowance (chefs) _____

Nattillæg kr.:

Allowance for night work DKK _____

Personligt tillæg kr.:

Individual allowance DKK _____

Personlig løn i alt kr. pr. måned:

Total individual pay per month DKK _____

Medarbejderen er ansat som provisionslønnertjener (sæt X).

The employee is employed on a commission basis

Garantilønnen udgør pr. måned kr. _____

The guaranteed pay amount to DKK per month DKK

Lønnen pr. måned beregnes for fuldtidsansatte ved at gange timelønnen med 160,33.

For deltidsansatte beregnes lønnen pr. måned således: Antal timer pr. uge x timeløn x 4,333.

For full-time employees, the monthly salary is calculated by multiplying the hourly rate by 160.33.

For part-time employees, the monthly salary is calculated by multiplying number of hours per week x hourly rate x 4.333.

9. **Virksomhedsanciennitet**

Company seniority

_____ år/years _____ måneder/months _____ dage/days

8b. **Månedsløn ekskl. variable tillæg:**

Månedslønnen betales ekskl. variable forskudttids- og nattillæg.

De variable forskudttids- og nattillæg udbetales på baggrund af den faktisk præsterede arbejdstid:

Monthly pay excl. variable allowances:

The monthly pay is paid excl. allowances for evening, night, and weekend work.

These allowances will be paid on basis of the actual time worked:

Minimalløn kr.:

Minimum pay DKK: _____

Fagtillæg kr.:

Vocational allowance DKK: _____

Anciennitetstillæg kr.:

Seniority allowance DKK: _____

Korttidstillæg (gastronomer) kr.:

Short term allowance (chefs) _____

Personligt tillæg kr.:

Individual allowance DKK _____

Personlig løn i alt kr. pr. måned:

Total individual pay per month DKK _____

10. **Brancheanciennitet for gastronomer og fastlønnet serveringspersonale**

Industry seniority for chefs and salaried waiters

_____ år/years _____ måneder/months _____ dage/days

11.a.

Medarbejderen er omfattet af overenskomstens pensionsordning fra den _____ når der er opnået 6 måneders brancheanciennitet indenfor de forudgående 5 år.

The employee will be covered by the pension scheme agreed upon in the collective agreement from (date) _____ once 6 months of industry seniority has been achieved within the previous 5 years.

11.b.

Medarbejderen er ved ansættelsen omfattet af en arbejdsmarkedspension baseret på en kollektiv overenskomst og er pensionsberettiget fra 1. arbejdsdag

At the time of employment, the employee is already covered by a labour market pension scheme based on a collective agreement and is entitled to pension from the first day of employment

12.a. **Lønnen udbetales pr.** _____

Salary is paid out (time of month)

12.b. **Lønnen overføres til bank/sparekasse:** _____

Salary is transferred to bank/savings bank

Reg.nr. (reg. no.): _____ Kontonr. (account no.): _____

13. **Tilgodehavende feriedage:** _____

Remaining holidays

14. **Anmeldelse af sygdom samt sygdom i øvrigt.**

Der henvises til sygdomscirkulæret, som er et tillæg til dette ansættelsesbevis.

Notification of sickness and sickness in general.

Reference is made to the sickness Memorandum which is a supplement to this contract of employment.

15. **For receptions-personale (dog undtaget natportier, der kun udleverer nøgler, foretager vækning og ikke udskriver regninger eller foretager inkasseringer uden i særlige tilfælde) gælder Funktionærloven.**

For reception staff (except night porters who only hand out keys, conduct wake up-calls and who are generally not in charge of invoicing or collection of payment) the Danish Salaried Employee's Act applies.

16. **Eventuelle bemærkninger:**

Additional comments

17. **Der henvises i øvrigt til overenskomstens opsigelsesregler, ferieregulativ, kostordning samt bestemmelser om løntillæg ud over den aftalte månedsløn. Overenskomsten kan rekvireres på www.danskerhverv.dk, www.3f.dk**

Further reference is made to the collective agreement's stipulations on termination, holiday regulations, lunch arrangements, and provisions concerning allowances in addition to the agreed salary. The agreement can be obtained at www.danskerhverv.dk, www.3f.dk

18. **Nærværende kontrakt er underskrevet i 2 eksemplarer, hvoraf den ene er udleveret til medarbejderen.**
This contract is signed in 2 copies, one of which is handed to the employee.

Dato/date:

Virksomhedens underskrift
Company signature

Medarbejderens underskrift
Employee signature

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SICKNESS CIRCULAR

NOTIFICATION OF SICKNESS, CF. THE SICKNESS BENEFITS ACT, ART. 35:

According to the Consolidation Act on Benefits in the Event of Sickness of Child Birth ("Sickness Benefits Act"), notification of sickness must be provided as quickly as possible to the employer or the employer's substitute. If you live alone and do not have access to a telephone, this must have been announced to the employer of the employer's substitute beforehand. Should the employer perceive that the notification has been provided too late, he/she must as quickly as possible – and preferably in connection with the notification – provide a written statement to inform that the notification of sickness was delivered late, and that rights are reserved to not pay sickness benefits until the notification of sickness is received.

It is agreed that the notification of sickness must be provided no later than _____

Notification of sickness is to be provided to:

Name: _____ Department: _____

Telephone: _____ Extension: _____

REMEMBER TO NOT THE NAME OF THE PERSON RECEIVING THE NOTIFICATION, IF THE PERSON MENTIONED ABOVE IS NOT PRESENT.

DOCUMENTATION FOR ABSENCE, CF. THE SICKNESS BENEFITS ACT, ART. 36:

The employer may request the sickness to be documented by way of a written declaration (an affidavit). This form of documentation can be requested by the employer no sooner than on the 1st day of sickness, to be delivered on the 2nd day of sickness (not counting Sundays and public holidays). If the sickness lasts less than 2 days, the declaration can be filled out as work is resumed.

The right to sickness benefits from the employer no longer apply if the employee fails to fulfil the requirement for documentation without the presence of excusable circumstances.

MEDICAL DOCUMENTATION:

Medical statement of incapacity to work, cf. The sickness benefits act, art. 36, section 1:

The employer may request the employee to document absence due to sickness by way of a medical statement of incapacity to work. This can be issued from the 4th day of sickness, excl. Saturdays, Sundays, and public holidays.

The employer may request to receive the statement the day after it was issued (excl. Sundays and public holidays). The employer is to cover costs related to the statement.

Statement of fitness for work, cf. the sickness benefits act, art. 36a:

The employer may request a statement of fitness for work in the event of short, repetitive or lengthy sickness. The purpose of the statement is to retain the employee within the job.

The statement consists of two parts. The employer and the employee will fill out the first part of the statement jointly, based on a meeting. The doctor will fill out the second part.

The employer shall invite the employee to the meeting with a reasonable notice. The employee is obliged to attend the meeting. If the employee is not able to attend as a result of sickness, the meeting can instead be held by phone if the sickness allows it. The cost of the statement is covered by the employer.

DOCUMENTATION FOR ABSENCE/MEDICAL DOCUMENTATION IS TO BE ADDRESSED TO:

Company name (or stamp): _____

Street and number: _____ Area code and city: _____

CONTACT PERSON IN CASE OF ACCIDENT (EG. CLOSEST RELATIVE):

Name: _____ Street and number: _____

Area code and city: _____ Telephone: _____

ARE YOU SUFFERING FROM ANY KIND OF CHRONICAL OR NON-CHRONICAL DISEASE WHICH WILL SIGNIFICANTLY AFFECT YOUR ABILITY TO MAINTAIN THE JOB IN QUESTION?

Yes No

WORKS COUNCIL:

The works council may draft rules subject to the collective agreement and relevant legislation. Where there is no works council, agreements can be made locally according to the above. If the employer is of the opinion that no sickness benefit is to be paid, he/she is obliged to fill out and forward a sickness benefits form to the employee, to be handed to the local social services department without delay.

Dansk Erhverv Arbejdsgiver

3F Privat Service, Hotel & Restauration