



Application for emergency arrangement SZW

For employees

If you were an employee, but lost your job due to the coronavirus, you can apply for temporary support yourself if your former employer makes use of the emergency regulation of SZW. For example, you can submit a request if you were working on a temporary contract and your contract has not been renewed due to the coronavirus. If you are currently not working but you are employed, your employer must submit an application for you. This is also possible if you are employed with a zero-hour contract.

If granted, this support is provided for a maximum period of three months and will be paid to you monthly. The legal term for a (first) payment is five weeks. The RCN unit SZW strives for a more prompt payment. If your situation changes, you are obliged to report this to the RCN unit SZW using a mutation form.

You must enclose a copy of a valid identification document, a copy of your last pay slip and a proof of dismissal. If necessary, the RCN unit SZW will request additional information.

| 1. Personal data | |
|---------------------|--------------|
| First name | |
| Last name | |
| Date of birth | (dd-mm-yyyy) |
| ID card number | |
| Name of your bank | |
| Bank account number | |
| Phone number | |
| Address | |
| Email address | |

2. Data of former employer

| | |
|--|--|
| At which company did you work last? | |
| What was your function? | |
| Since when do you not work here anymore? | |
| Start date employment contract | |
| Duration employment contract | <input type="radio"/> <i>Indefinitely</i> <input type="radio"/> <i>Definite until this date:</i> (dd-mm-yyyy) |
| Working days per week | <input type="radio"/> <i>Fixed number of days:</i> <input type="radio"/> <i>Changing. Average number of days:</i> |
| Working hours per day | <input type="radio"/> <i>Fixed hours per day:</i> <input type="radio"/> <i>Changing. Average number of hours:</i> |
| Phone number last employer | |

3. Signature

I declare that I understand the information as stated above and that all questions are answered truthfully. I declare to comply with the requirements of this arrangement. I understand that the provision of incorrect information or misuse of this arrangement has criminal consequences or can lead to recovery. I understand that if my dismissal proves to be unjustified, the right to a claim for wages is transferred to the RCN SZW unit.

| | |
|-----------|--|
| Date | |
| Name | |
| Signature | |