

Application for emergency arrangement SZW

For employers

As an employer, you can receive a contribution towards the wage costs of employees that you cannot keep at work (full-time) due to the coronavirus. It is also possible to submit a request for employees with a zero-hour contract or a temporary contract. This contribution is paid monthly. If you are also a shareholder of your company, you cannot use this form for yourself. You may apply for as an independent entrepreneur.

The legal payment term to receive the first payment is five weeks after submitting the request. The RCN unit SZW strives for a more prompt payment. In case your situation changes, you are obliged to report this to the RCN unit SZW by completing a mutation form. These are the requirements to be eligible:

- You suffer at least a 20% loss of turnover due to the coronavirus.
- As a result, you cannot keep your employee(s) (fully) at work.
- You pay your employee(s) at least the contribution paid to you by SZW as salary.
- You pay the salary on the usual payment date.
- You must keep the employee(s) in employment, while they do not (fully) work for you.

You must enclose a copy of a valid identification document. The RCN unit SZW has the right to request supporting documents at all times.

1. Company details		
Company name (statutory name)		
Chamber of Commerce number		
Crib number		
Address		
Short description of the activities of your company		
Total amount of employees on payroll		
Total number of employees for whom you apply for this emergency regulation		
Name of your bank		

Bank account number	
Contact person	
Phone-number	
E-mail address	

2. Data of employee for	whom you submit the application
First name	
Last name	
Date of birth	(dd-mm-yyyy)
ID card number	
Function	
Start date employment contract	
Duration employment contract	IndefiniteDefinite until this date:
Regular working days per week	Fixed amount of days, namely:Changing amount of days, but on average:
Regular working hours per day	Fixed amount of hours per day:Changing amount of hours, but on average:
Gross income	\$
	 Per month Per week Per day Average of the last 13 weeks (in case of zero-hour contract)
What percentage of his/her regular working hours does this employee not work anymore and since when?	100%50% since:Other:%
Phone number employee	

3. Signature employer		
By signing this form I declare that I understand the information as stated above and that all questions are answered truthfully. I also declare to comply with the requirements of this arrangement. I understand that providing incorrect information or the improper use of this emergency regulation has criminal consequences or can lead to recovery.		
Date		
Name		
Signature		

If you apply for this arrangement for several employees, copy the schedule below as often as necessary.

2. Data of employee for	whom you submit the application
First name	
Last name	
Date of birth	(dd-mm-yyyy)
ID card number	
Function	
Start date employment contract	
Duration employment contract	IndefiniteDefinite until this date:
Regular working days per week	Fixed amount of days, namely:Changing amount of days, but on average:
Regular working hours per day	Fixed amount of hours per day:Changing amount of hours, but on average:
Gross income	\$ o Per month o Per week o Per day o Average of the last 13 weeks (in case of zero-hour contract)
What percentage of his/her regular working hours does this employee not work anymore and since when?	 100% 50% since: Other:%
Phone number employee	