

Pay certificate for the unemployment fund

- i** - The pay certificate should be sent to the employee's own unemployment fund.
 - If the employee's unemployment fund is not known, the employer will deliver the completed certificate to the employee.
 - This form can be found at www.tyj.fi

1. EMPLOYER INFORMATION

Employer's name		Business ID
Employer's address	Postcode	Town or city

2. EMPLOYEE'S PERSONAL DETAILS

Personal identity code	First and last name	Profession
Employee's home address	Postcode	Town or city

3. EMPLOYMENT DETAILS

<input type="checkbox"/> Valid until further notice	<input type="checkbox"/> Temporary	Employment start date	Collective agreement
<input type="checkbox"/> Employment has terminated, date: _____	<input type="checkbox"/> Employment continues	<input type="checkbox"/> Temporarily laid off, start date _____	
Working hours agreed in the employment contract			
_____ hours	<input type="checkbox"/> per week	<input type="checkbox"/> per month	<input type="checkbox"/> per year <input type="checkbox"/> periodic work
Maximum working hours specified for the industry in the collective agreement (statutory teaching hours for teachers)			
_____ hours	<input type="checkbox"/> per week	<input type="checkbox"/> per month	<input type="checkbox"/> per year <input type="checkbox"/> periodic work
i This refers to the working hours of a person employed full-time in the position in question.			

Pay structure	
<input type="checkbox"/> Monthly pay (including benefits) _____ €/month	Taxable value of benefits _____ €/month
<input type="checkbox"/> Hourly pay _____ €/hour	
<input type="checkbox"/> Commission	<input type="checkbox"/> Fixed salary _____ €/month + commission
<input type="checkbox"/> Contract pay	
<input type="checkbox"/> Other, please specify: _____	

4. PAY DETAILS

i - Report pay details for a minimum of 26 full calendar weeks, during which the employee's working hours have amounted to (or a salary has been paid for) a minimum of 18 hours per week. Report the details for 34 full calendar weeks if the employee has not worked for at least 18 hours in any week since 29 December 2013 (the unpaid period can be due to parental leave, long-term unpaid sick leave, etc.)
 If this period of 26/34 calendar weeks includes unpaid periods, extend the pay certificate's reporting period to include 26/34 calendar weeks.
 - If the employee has been on a part-time pension, job-alternation leave or partial child care leave, or if his/her pay has been temporarily reduced due to reasons related to production or finances during the 26/34 weeks, report the pay details for the period immediately preceding the beginning of these circumstances. If the employee has received a partial sickness allowance or reduced sick pay, report the duration and earnings in section 7, since this period will not be included in the 26/34 weeks.

	Accrued pay (€) for 26/34 calendar weeks Earned for the period: ____ . ____ . 20 ____ -	Accrued pay (€) for current calendar year Earned for the period: ____ . ____ . 20 ____	Accrued pay (€) for previous calendar year Earned for the period: ____ . ____ . 20 ____	Accrued pay (€) for last salary payment period Earned for the period: ____ . ____ . 20 ____ -
4.1 Total taxable accrued pay	€	€	€	€
4.2 Holiday pay	€	€	€	€
4.3 Holiday compensation	€	€	€	€

4.4. The taxable accrued pay (section 4.1) includes items not counted in the base salary, such as performance bonuses, production bonuses, dividends, bonuses for long service, etc.

No Yes

Income type	Amount	Date of payment	Earnings period
	€		____ . ____ . 20 ____ - ____ . ____ . 20 ____
	€		____ . ____ . 20 ____ - ____ . ____ . 20 ____
	€		____ . ____ . 20 ____ - ____ . ____ . 20 ____

i The unemployment fund requires an itemisation of the earnings periods, since the amount of the earnings-related unemployment allowance is based on the actual pay earned during the 26/34 calendar weeks.



4.5 Compensation equivalent to severance pay has been paid in relation to the termination of employment (included in section 4.1)
 No Yes. Type of compensation _____ . Amount _____ €.

4.6 The compensation specified under section 4.4. or 4.5. will be paid at a later date
 No Yes, when _____. Type of compensation _____ . Amount _____ €.

4.7 The employment pension contribution and unemployment insurance contribution have been deducted from the pay
 No Yes

5. UNPAID ABSENCES

i Please indicate here any periods during which the employee has been absent from work without pay. The reasons for such absences may include sickness, child care, studies and personal reasons.

Period	Reason
____ . ____ . 20 ____ – ____ . ____ . 20 ____	
____ . ____ . 20 ____ – ____ . ____ . 20 ____	
____ . ____ . 20 ____ – ____ . ____ . 20 ____	
____ . ____ . 20 ____ – ____ . ____ . 20 ____	
____ . ____ . 20 ____ – ____ . ____ . 20 ____	

6. WORK WEEKS UNDER 18 HOURS

i - Only enter the calendar weeks in which the employee has worked for less than 18 hours per week (or has been paid for less than 18 hours). Please also indicate the pay for these calendar weeks here.
 - If working hours vary by week (e.g. 0-40 hours per week), the separate form "Working hours and pay by calendar week" should be completed as an attachment to the pay certificate.

The taxable pay accrual period reported in section 4.1 includes calendar weeks in which the employee has worked for less than 18 hours (8 hours for teachers)
 No Yes

Week no.	Year	Working hours	Taxable earnings (without holiday pay/compensation)

7. ADDITIONAL INFORMATION

i In this section, report items such as changes in monthly pay during the accrual period, part-time retirement, termination of employment during a temporary lay-off, work time bank debt deducted from pay upon termination of employment, and partial sickness allowance or period for which the employee has received reduced sick pay.

8. PROVIDER OF CERTIFICATE

Details of outsourced payroll calculation
 Name of service provider _____

Address _____	Postcode _____	Town or city _____
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Contact details for enquiries regarding the pay certificate
 Contact person _____

Telephone number _____	Email address _____
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Date and location _____	Signature and clarification of signature of provider of certificate _____
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