

CERTIFICATE OF EMPLOYEMENT

2024/2025

Name of the company _____

Person having the authority to sign _____

It is certified that Madame/Mister _____

born the _____

living at _____

is employed as _____

since the _____

in a permanent work contract (CDI) yes

or

in a term contract (CDD) yes
If so, until the _____

with working hours of _____ per week.

Weekly working schedule:

	Morning		Afternoon	
	from	to	from	to
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

- Regular working hours
- Flexible working hours are considered to be regular working hours (for instance between 7.00-9.00 and between 16.00 and 18.00 o'clock)
- Irregular working hours or working according to a plan

Place and date

Signature of the person having the authority to sign and the company stamp
