

EMPLOYER'S DECLARATION

Issued for use in connection with an application for compensation
under the State Compensation to Victims of Crime Act

Civilstyrelsen
Toldboden 2, 2. sal
8800 Viborg
Tlf.: (+45) 33 92 33 34
E-mail: erstatningsnaevnet@erstatningsnaevnet.dk

The Board's file No.:

Name and occupation of employee:	
1) Date of commencement of the employment	
2) Did the employee work full-time? <i>If no:</i> Please state the employee's weekly number of working hours at the enterprise.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Please state the employee's pay arrangement. Amount paid:	<input type="checkbox"/> Per hour <input type="checkbox"/> Per two weeks <input type="checkbox"/> Per month DKK _____ <input type="checkbox"/> /hour <input type="checkbox"/> /two weeks <input type="checkbox"/> /month
4) Was a pension scheme included in the employment? <i>If yes:</i> Please state the size of the employer's pension contribution.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
5) Was a holiday supplement paid in accordance with section 23 of the Danish Holiday Act (<i>ferieloven</i>)? <i>If yes:</i> Please state the percentage.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
6) Was public holiday pay granted? <i>If yes:</i> Please state the percentage.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
7) Please specify the employee's period(s) of absence from work <u>as a result of the injury</u> . <i>(Please note any additional period(s) of absence overleaf)</i>	From _____ to _____, both days included From _____ to _____, both days included
8) Has the employee received full pay from you during the entire period(s) of absence? <i>If no:</i> Has the employee received partial pay, sickness benefits or other compensation for lost earnings from you? <i>If yes:</i> Please state the relevant period(s) and amount.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No From _____ to _____, both days included Amount in DKK: _____
9) Had the employee not been absent due to the injury, could he or she have expected employment with you for the duration of the absence period(s)? <i>If no:</i> Please state why not. <i>(If needed, please note your answer overleaf)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10) Has the employee returned to work for you after the absence period(s)? <i>If yes:</i> Please state from what date. Please specify number of hours (full-time/part-time). Please state the amount paid. <i>If no:</i> Please state why not. (copy of notice of termination may be enclosed)	<input type="checkbox"/> Yes <input type="checkbox"/> No From (date) _____ Hours _____ DKK _____ <input type="checkbox"/> /hour <input type="checkbox"/> /two weeks <input type="checkbox"/> /month

_____, _____ Employer's stamp and signature:
place date

(Please state any additional comments overleaf)

Additional comments (if relevant):