

For employees: mandatory document

Child's name: _____ class: _____

Responsible person ☐ 1 / Responsible person ☐ 2 (or other adult living in the child's household)
.....**To be filled out and to be signed by the employer:**

I undersigned, _____

certify that Mr/Mrs _____

living in _____ - _____
(code postal) (localité)

is employed in our company (name) _____

as _____ since _____

☐ under an open-ended employment contract☐ under a fixed-term employment contract until _____ (date)

The weekly working hours are _____ hours per week.

Working hours are as follows:

Monday from _____ to _____ o'clock and from _____ to _____ o'clock

Tuesday from _____ to _____ o'clock and from _____ to _____ o'clock

Wednesday from _____ to _____ o'clock and from _____ to _____ o'clock

Thursday from _____ to _____ o'clock and from _____ to _____ o'clock

Friday from _____ to _____ o'clock and from _____ to _____ o'clock

☐ mobile working hours *Please note : mobile working hours (for example between 7 am and 9 am, and/or between 4 pm and 6 pm) are regular working hours!*☐ irregular working hours_____
*Signature of Manager**(employer's stamp)*