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SUPPLEMENT FORM TO APPLICATIONS FOR SEASONAL WORK

This form is intended as an attachment to a residence permit application for seasonal work (OLE_TY6), or to a request for a certificate for seasonal work (TOD_P_KAUSI). The employer must fill in this form carefully and sign it. You may attach a copy of the filled-in and signed supplement form to your application or request, but the authorities may also ask you to present the original form, if necessary.

If the form is incomplete, the processing of your matter could be delayed and lead to your application or request being rejected. If the employer gives false information or does not obey his or her obligations defined by law, the Finnish Immigration Service may stop granting residence permits for seasonal work to the potential employees of this employer. (Act on the conditions of entry and stay of third country nationals for the purpose of employment as seasonal workers, section 7)

SECTION A

1 Information on seasonal employee	
Family name	
First names	
Date of birth (dd.mm.yyyy)	
Citizenship	

SECTION B

2 Information on employer	
Name	
Business ID	
Domicile and line of business	
Address where the seasonal employee will work	
Postal address (if different from the above)	
E-mail	Telephone number

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3 Terms and conditions of employment				
Principal duties/ Title				
What makes the work seasonal?				
Please describe why the work is seasonal by nature				
Work begins (dd.mm.yyyy)		Work ends (dd.mm.yyyy)		
Grounds for temporary employment				
Probationary period		<input type="checkbox"/> No		<input type="checkbox"/> Yes, length
Term of notice		<input type="checkbox"/> No		<input type="checkbox"/> Yes, length
Working hours (choose one)				
h/week		h/month		h/period (which?)
Determination of annual holiday:				
Annual Holiday Act <input type="checkbox"/>		Collective agreement <input type="checkbox"/>		
Salary (choose one)				
EUR per hour		EUR per month		
Salary period				
Piecework pay <input type="checkbox"/>		Give the grounds for piecework pay on a separate attachment.		
Employee benefits offered by the employer and their taxable value per month:				
As part of the salary <input type="checkbox"/>		In addition to the salary <input type="checkbox"/>		
Accommodation/housing, EUR per month		Food, EUR per month		
Other, please specify, EUR per month				
Area in Finland where the employee will work				
Applicable collective agreement				
I ensure that appropriate accommodation has been arranged for the employee mentioned above. Accommodation address:				
Street address				
Post code		City/town		

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DEL C**4 Affirmation and signature**

I hereby certify that I am competent to sign this form and that the details I have provided are correct and that labour legislation which is valid in Finland and the custom and practise applied to workers engaged in equivalent duties will be applied to the worker specified above. Giving false or misleading information to the authorities is punishable as employer's violation of the Aliens Act (Aliens Act, section 186).

Place and date**Signature**

Name in block letters**Official titel and position**

The information you have given on this form will be recorded in the electronic case management system (UMA) of the Finnish Immigration Service. The UMA system is used for processing, decision-making and monitoring of matters governed by the Aliens Act and the Nationality Act. All documents related to the processing of your matter will be filed in the UMA system. More detailed information of the processing on your personal data and your rights related to the processing will be given in the privacy statement of the UMA system. You can read the statement on our website www.migri.fi/en/registers or get a paper statement when you submit your application.

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