



Supplement form to applications for seasonal work and to the application for the addition of a new employer

① This form is intended as an attachment to a residence permit application for seasonal work (OLE_TY6), to a request for a certificate for seasonal work (TOD_P_KAUSI), or to an application for the addition of a new employer to a seasonal work permit (KAUSI_lisatyonantaja).

① Your employer must fill in and sign this form. The form can only be signed by persons who have the authority to sign on behalf of the company.

① Please check that the form includes all the information that is needed for granting the permit: migri.fi/en/for-employers-of-seasonal-workers. Incomplete information can delay the processing of the matter and may lead to the request being rejected.

1. Information on seasonal worker

1.1 Personal details of the employee	Family name
	First names
	Date of birth (dd.mm.yyyy) _ _ . _ _ . _ _ _ _ ① dd=day mm=month yyyy=year
	Nationality

2. Employer contact information

2.1 Details of the employer	Company name ① State the company name registered in the Trade Register.
	Business ID
	Line of business of the company
	Registered office of the company

	Company postal address
	Company email
	Company telephone number

3. Terms and conditions of work

i See more detailed instructions at migi.fi/en/instructions-for-supplementing-the-terms-of-employment.

3.1 Main terms and conditions of the employment	Main duties or title
	What makes the work seasonal?
	Duration of the seasonal work
	Start date (dd.mm.yyyy) _ _ . _ _ . _ _ _ _
	End date (dd.mm.yyyy) _ _ . _ _ . _ _ _ _
	Probationary period i In a fixed-term employment relationship, the probationary period may comprise no more than half of the duration of the employment contract.
	<input type="checkbox"/> No <input type="checkbox"/> Yes. Length of the probationary period: _____
Working hours i Choose one	
<input type="checkbox"/> Weekly _____ hours	
<input type="checkbox"/> In three weeks _____ hours	
<input type="checkbox"/> Monthly _____ hours	
<input type="checkbox"/> Some other period, please specify: _____ hours	
Determination of annual holiday	
<input type="checkbox"/> Collective agreement <input type="checkbox"/> Annual Holiday Act	
Grounds for pay i Choose one.	
<input type="checkbox"/> Hourly pay: _____ EUR per hour	
<input type="checkbox"/> Monthly pay: _____ EUR per month	
<input type="checkbox"/> Piecework pay i Hourly pay used as a basis for pricing: _____ EUR per hour	

<p>Taxable value of employee benefits</p> <p><input type="checkbox"/> As part of the salary _____ EUR / month</p> <p><input type="checkbox"/> In addition to the salary _____ EUR / month</p> <p>Description of employee benefits:</p>
<p>Applicable collective agreement ⓘ State which collective agreement is applied to the work of the seasonal worker.</p> <p><input type="checkbox"/> Collective Agreement for the Skiing Centre Sector</p> <p><input type="checkbox"/> Collective Agreement for Amusement, Theme and Experience Parks</p> <p><input type="checkbox"/> Collective Agreement for Rural Industries</p> <p><input type="checkbox"/> Collective Agreement for Tourism, Restaurant and Recreational Services – Employees</p> <p><input type="checkbox"/> Collective Agreement for Tourism, Restaurant and Recreational Services – Supervisors</p> <p><input type="checkbox"/> Collective Agreement for Travel Agencies</p> <p><input type="checkbox"/> Collective Agreement for the Forestry Sector</p> <p><input type="checkbox"/> Collective Agreement for the Programme Services Industry</p> <p><input type="checkbox"/> Collective Agreement for the Gardening Sector</p> <p><input type="checkbox"/> Collective Agreement for the Nursery Garden Sector</p> <p><input type="checkbox"/> Collective Agreement for the Fur Production Sector</p> <p><input type="checkbox"/> Other collective agreement, which:</p>
<p>Term of notice</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes. Length of the term of notice: _____</p>
<p>Place of work</p> <p>The work will mainly be done in one location</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ⓘ If you answered 'yes', please state the location of work below</p> <p>_____</p> <p>ⓘ If you answered 'no', please state the locations of work below</p> <p>Primary location of work:</p> <p>_____</p> <p>Other locations of work:</p> <p>_____</p>

3.2 Temporary agency work	<p>Is the work temporary agency work?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>① If you answered 'yes', attach the commission agreement or the agreement with the user company to this form.</p>
	Company name
	Company's Business ID
	Company postal address
	Company email
	Company telephone number
3.3 Means of support	<p>Assurance of sufficient financial resources</p> <p>① Seasonal workers must have sufficient financial resources secured by income from gainful employment during the validity of the seasonal work permit. The requirement for sufficient financial resources is met when the employee's salary under the collective agreement meets the work requirement (työssäoloehto) laid down in the Unemployment Security Act. The required minimum income is confirmed at the beginning of each year. You can find the yearly amount of minimum income at the website of the Social Insurance Institution of Finland (Kela) at kela.fi.</p> <p><input type="checkbox"/> I hereby confirm that the seasonal worker mentioned in section 1.1 has sufficient financial resources secured by income from gainful employment during the validity of the seasonal work permit and that the seasonal worker's gross salary meets the work requirement (työssäoloehto) under the Unemployment Security Act.</p>
3.4 Accommodation	<p>Accommodation ① The accommodation must meet the generally acknowledged standards for housing in Finland. Read more at migi.fi/en/accommodation-for-seasonal-workers.</p> <p><input type="checkbox"/> As the employer, I will provide accommodation.</p> <p><input type="checkbox"/> If yes, in accordance with section 8(1) of the Seasonal Workers Act, I assure that the seasonal worker is provided with appropriate accommodation that ensures an adequate standard of living for the duration of the seasonal worker's stay.</p>
	<p>① Give the details of the accommodation</p> <p>Street address of accommodation</p>
	<p>Postal code City/town</p>

4. Processing of personal data

The UMA system	<p>The information you have given on this form will be recorded in the electronic case management system (UMA) of the Finnish Immigration Service.</p> <p>The UMA system is used for processing, decision-making in 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 on the processing of your personal data and your rights concerning the processing can be found on our website migi.fi/en/data-protection. If you wish, you can get a paper copy of the statement when you submit your application.</p>
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5. Affirmation and signature

i If the employer provides 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 seasonal workers of this employer (Seasonal Workers Act, section 20).

I hereby confirm that I am competent to sign (attach a power of attorney, if required) this form, and that the details I have provided are correct.

In accordance with section 8(1) of the Seasonal Workers Act, I assure that the terms of seasonal work comply with the provisions in force and the applicable collective agreement, or if a collective agreement is not applicable, they correspond to the applicable practices on the labour market for workers in similar tasks, and that there are no grounds for refusing the seasonal work permit referred to in section 7 of the Seasonal Workers Act.

If the currently effective employer's obligations related to social security, taxation, workers' rights, working conditions or terms of employment based on law or collective agreements change prior to the commencement of seasonal work or during it, I will take account of the possible changes immediately and follow the obligations in force at the time in question.

Date and place

Employer's signature

Printed name **i** Please write your name in block capitals.

Position in the company
