



ST. MAARTEN

LABOR AFFAIRS

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REQUEST FOR PERMISSION TO TERMINATE THE LABOUR AGREEMENT.

(Pursuant to National Ordinance Termination Labour agreement P.B. 1972 no. 111)

Employer¹:

Address:

Tel.:

Sort of company:

Fax:

Email address

Contact person:

Function:

Number of employees for whom dismissal is requested:

¹ Fill in name of legal body. If it does not concern a legal body, fill in name of natural person and if applicable trade name.

Request for dismissal must be signed by the EMPLOYER. Mention name and function.

**PERSONAL DETAILS OF THE EMPLOYEE(S) FOR WHOM PERMISSION TO TERMINATE THE
LABOUR AGREEMENT IS REQUESTED**

NAMES, GIVEN NAMES, HOME ADDRESS, TELEPHONE.	DATE /PLACE OF BIRTH NATIONALITY	PROFESSION/FUNCTION, WAGE
Name:	Date of birth:	Profession/function
Given names:	Place of birth:	Date of employment
Home address:	Nationality:	Wage³per:
Telephone:		Month/quincena/week
Name:	Date of birth:	Profession/function
Given names:	Place of birth:	Date of employment
Home address:	Nationality:	Wage³per:
Telephone:		Month/quincena/week
Name:	Date of birth:	Profession/function
Given names:	Place of birth:	Date of employment
Home address:	Nationality:	Wage³per:
Telephone:		Month/quincena/week
Name:	Date of birth:	Profession/function
Given names:	Place of birth:	Date of employment
Home address:	Nationality:	Wage³per:
Telephone:		Month/quincena/week
Name:	Date of birth:	Profession/function
Given names:	Place of birth:	Date of employment
Home address:	Nationality:	Wage³per:
Telephone:		Month/quincena/week

Name of employer/authorized representative

Signature of employer/ authorized representative

Date:

³ Cross out what is not applicable

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EXPLANATION

General: The form must be filled in completely. If necessary attach a copy of the individual labour agreement and the C.L.A.

In the event of personnel cutbacks or mass dismissal:

- report of the current personnel (name, function, age, nationality, date of employment) of the department where the person in question works, or as the case may be, of the entire company;
- indicate clearly which work reduction is being discussed; indicate the cause and extent of the decreasing activity;
- indicate what has been done to avoid the dismissal;
- submit information which shows the need for the measures to be taken (e.g. audit certificate and/or balance sheet);
- summary of the order portfolio as compared to the previous years;
- indicate the reason why this(ese) employee(s) have been selected;
- mention the redundancy scheme.

In the event of disrupted labour relationship or disability

- describe why you do not consider the employee suitable for his/her function;
- attach a briefly-worded task description;
- give concrete examples which make the motives feasible;
- mention the period of absence through illness during the past 24 months.

NOTE: in accordance with art. 4 paragraph 4, the request is considered as not having been made, as long as the information required on the form has not been provided and the items of evidence required therein have not been submitted.