

ACCESS TO EMPLOYMENT SCHEME PAYMENT CHECK

GA: _____ /A2E Payment Number:

Employee:

Date: From: _____ to _____

Apart from the claim for reimbursement kindly also, fill in the following:

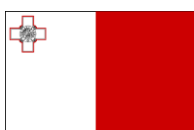
1.1 Has the employer or employee applied for any of the COVID-19 Initiatives listed below?

YES / NO

1.2 If YES, tick which one in the below table and also mention from which date?

COVID-19 INITIATIVES	YES	From:	To ¹ :
i. Covid Wage Supplement - Employees of enterprises operating in sectors that suffered drastically due to the COVID-19 pandemic or had to temporarily suspend operations on the order of the Superintendent of Public Health.			
ii. Deferral of Payment of Taxes - A two-month deferral to enterprises, including the self-employed, to pay Provisional Tax, VAT and National Insurance Contribution on salaries.			
iii. Social Measures (Parent Benefit) - Parents who both work in the private sector requiring one of the parents to stay at home to take care of school-aged children that cannot carry out their functions through teleworking arrangements			
iv. Social Measures (Person with Disability Benefit) - Persons with Disability who work in the private sector and are duly registered with Jobsplus, may opt to stay home for health and safety reasons.			
v. Social Measure (Medical Benefit) - Persons employed in the private sector, who after 27th March 2020, due to the impact of Covid-19 are not going to work because they are ordered by the Superintendent of Public Health not to leave their home, are not able to work from home and are not being paid by their employer during their absence from work.			
vi. Quarantine Leave - Employers who have or had a member of their staff (including themselves) on mandatory quarantine leave in accordance with the directives of the Superintendent of Public Health.			

¹ If applicable



2.1 Has the employer paid in full the salary (i.e. 20 / 40 hour) of the employee as per grant agreement and contract of employment for the above-mentioned subsidy period?

YES / NO

2.2 If NO, kindly confirm the number of hours the employee is being paid by filling in the below table:

WEEK DATES PERIOD	NO OF HOURS PAID
till	
till	

3.1 Have there been any deductions (i.e. Unpaid Leave or Unpaid Sick) from the employee's salary with respect to the above-mentioned subsidy period?

YES / NO

3.2 If YES, kindly confirm the number of hours by filling in the below table:

WEEK DATES PERIOD	NO OF HOURS UNPAID
till	
till	

Signature

Name and Surname of Contact / Delegated Person

ID Card No:

Date:

