

A2E Claim for Reimbursement

CLAIM FOR REPAYMENT OF SUBSIDISED EMPLOYMENT UNDER THE ACCESS TO EMPLOYMENT (A2E) SCHEME

1. Grant Agreement Number: /A2E

2. Subsidy Due in this payment request:

Payment Number	Date		No of Full Weeks ¹	Flat Rate	Subsidy
	From	To			
				€	€
COLA 2021				€	€
COLA 2022				€	€
COLA 2023				€	€
				Total	€

3. Salary Verification:

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

YES / NO

b. If NO, kindly confirm the number of hours the employee has not been paid in full by filling in the below table:

WEEK DATES PERIOD	NO OF HOURS NOT PAID IN FULL
till	
till	

c. 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

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

WEEK DATES PERIOD	NO OF HOURS UNPAID
till	
till	

4. Documents to be attached with this claim:

- Financial Identification Form (*applicable only if there was a change in bank details*)

5. Declarations - Employer

- a. I confirm and accept that for all intents and purposes I am the legal and authorised person appointed by the Undertaking to act on behalf of the Undertaking for the purpose of this scheme and will be held fully and personally responsible both toward Jobsplus and the Undertaking for ascertaining such authority.
- b. I hereby declare that the A2E Participant's wage and Social Security Contributions for the referred Grant Agreement in Article 1 of this claim are paid in full according to the Employment Contract/Statement by the Employer which set the working conditions and is signed by both the employer and employee.
- c. I hereby recognize and accept that further verifications will be carried out by the competent authorities confirming the veracity of this declaration and the veracity of the content of this claim.
- d. I hereby confirm and accept that should following verifications carried out, any part of the process is found not to be in conformity with the rules and regulations governing this grant, the entire grant may be refunded on a simple demand.
- e. I also fully recognise and accept that any false, inaccurate, or incomplete information deliberately provided as part of this claim, will result in the Undertaking being liable to refund the full amount of the grant received about the respective Grant Agreement.
- f. I hereby declare, accept, and confirm that in the operation benefiting this grant, the Undertaking has in place the necessary safeguards to prevent any form of discrimination based on sex, racial or ethnic origin, religion or belief, age, disability, or sexual orientation as referred in terms of Chapter 452 and Chapter 456 of the Laws of Malta.
- g. I hereby declare, accept, and confirm to monitor and immediately report to Jobsplus any cases of alleged discrimination, and that all the appropriate action as per National legislation will be executed without delay by the Undertaking.
- h. I hereby declare that no funds invested in the operation by the Undertaking are of illicit origin, including products of money y laundering or linked to the financing of terrorism.
- i. I hereby confirm that any equal opportunities and non-discrimination measures declared to be in place will be made available to Jobsplus or other competent bodies in relation to the implementation and monitoring of ESF funding to confirm their veracity.
- j. I hereby declare, accept, and confirm, that the operation, where applicable will ensure the preservation, protection, and improvement of the quality of the environment and aims at promoting sustainable measures at operation level.
- k. I recognize the obligations to comply with data protection regulations which are always in force. I confirm that all relative and related documentation for such eventual verification will be retained.
- l. I hereby confirm that the employee has been informed of what personal data is being collected and processed by Jobsplus; as well as shared with and processed by official third parties, for the purpose of any processing related to A2E Scheme.
- m. I have read, understood, and agree to the guidance document issued with A2E scheme and declare that the information given on this form is true and complete.

Name and Surname of Employer's Representative:

ID Card Number:

Signature of Employer's Representative: _____

Date:

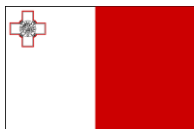
6. Declarations – Employee¹:

- a. I hereby declare that I have received the wages regularly and in full, in line with the Employment Contract/Statement by the employer and the company's pay period.
- b. I agree and consent to have personal data collected and processed by Jobsplus, and shared with and processed by third parties, for the purpose of any processing related to A2E Scheme.

Name and Surname of Employee:

ID Card Number:

Signature of Employee: _____



Operational Programme II - European Structural and Investment Funds 2014-2020
"Investing in human capital to create more opportunities and promote the wellbeing of society"
Aid part-financed by the European Social Fund
Co-financing rate: 80% European Union; 20% National Funds



¹ In the case of pre-mature termination, the beneficiary should try his/her best to obtain the signature of the participant