

**APPLICATION TO RIGHTS COMMISSIONER
PROTECTION OF EMPLOYEES (FIXED-TERM WORK) ACT 2003**

(PLEASE USE BLOCK CAPITALS)

EMPLOYEE'S DETAILS

COMPANY/EMPLOYER'S DETAILS

(Full legal name: if in doubt consult your P45/P60)

Name: _____

Name: _____

Address: _____

Address: _____

Tel: _____

Tel: _____

E-Mail: _____

E-Mail: _____

Job Title: _____

Name and Address of your Representative (if any):

Date of Commencement of Contract: _____/_____/_____

Date of Termination of Contract (if applicable): _____/_____/_____

Have you had more than one successive contract with this employer? YES_____ NO_____

If yes, how many successive contracts? Please give dates of commencement and termination:

MY COMPLAINT IS:

Signed: _____

Dated: _____/_____/_____

**PLEASE NOTE THAT A COPY OF THIS FORM WILL BE FORWARDED
TO YOUR EMPLOYER**