

## Confirmation about a Loss of Earnings (Filled in by the employer)

Name, first Name

\_\_\_\_\_

has a loss of earnings due to the interview as a witness at the BSU on \_\_\_\_\_.

Scheduled start of work	at _____
Scheduled end of work	at _____
Unpaid breaks included	from _____ to _____
Part-time employment prior to the appointment only possible	from _____ to _____
Resumption of the work after the appointment only possible	from _____
A part-time employment before or after the appointment is not possible.	

The gross salary per hour amounts to		€
The salary is cut by the gross amount of ..... per hour of absence	minus	€
Miscellaneous		€
Total amount of the gross loss of earnings		€

Remarks:

\_\_\_\_\_

Location and date

\_\_\_\_\_

Firm stamp and Signature