

CERTIFICATE OF CESSATION OF EMPLOYMENT AND OF WAGES LIABLE TO CONTRIBUTIONS FOR ALTERNATING WORK-RETIREMENT PROGRAM PARTICIPANTS

FORM

For CRPN use only

C : |_|_|_|_|_|_|_|_|_|_|

(for completion by the employer)

Case contact:

Telephone : + _ _ _ _ |_|_|_| |_|_|_| |_|_|_| |_|_|_| |_|_|_|
(country code)

Email address:

(Please only enter one and write legibly)

Employer's information

Company name:

Address:

.....

Certificate

The above-named employer certifies that the information provided below is accurate:

Last name at birth: First name:

Married name/ Last name used.....

French Social Security No. |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Key |_|_|_|

Position occupied

Last day on the job |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Date of full retirement through the alternating work-retirement program |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Employment percentage (full-month basis) |_|_|_|_| %

or

Monthly number of days off work (partial-month basis) |_|_|_|_| days

The personal data saved from your responses will undergo computer processing by the CRPNPAC, as data controller, with a view to the settlement of CRPN pensions. The European General Data Protection Regulation no. 2016/679/EU of 27 April 2016, and the French Data Protection Act no. 78-17 of 6 January 1978 amended apply to the responses given on this form. You have a right to obtain information, to access, rectification and erasure of your personal data, and a right to restrict the processing of your data. Furthermore, you have the right to define what happens to your data after you die. You can exercise these rights with the Data Protection Officer of the CRPNPAC at: protection.donnees@crpn.fr. If, after having contacted the Data Protection Officer, you feel that your data protection rights have not been respected, you can send a complaint to the CNIL. Anyone found guilty of fraud or false declarations with a view to obtaining or attempting to obtain undue advantages is punishable by a fine and/or imprisonment (Articles 313-1, 441-1 and 441-7 of the French Criminal Code).

Employer's stamp

Signed at (location)

On (date) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

For more information : <https://www.crpn.fr/informatique-et-libertes/>

WAGES LIABLE TO CONTRIBUTIONS FOR THE CURRENT YEAR

Work (and long-term partial employment)	<input type="text"/>	days	<input type="text"/>	euros
Paid leave			<input type="text"/>	euros
TOTAL	<input type="text"/>	days	<input type="text"/>	euros

Very important

Employers must fill out this certificate with care. Indeed, the yearly payroll report that they file at the end of the year will need to list exactly the same wages and days as those that appear above.

*All dates must be stated in DD/MM/YYYY format

Update- April 2022