Assertion of claims: payment

Sender

First Name _____

Last Name _____

Street _____

Postal Code + City _____

Reciever

Company _____

First name _____

Last name _____

Street _____

Postal code + City _____

Assertion of claims: payment

I hereby assert the following claims:

Period (Days, Weeks, Month)

Working hours	_____	Hours ☐ per week / ☐ per month
(Hourly-) Wage	_____	Euro per hour ☐ Brutto / ☐ Netto
Sick days (with continued pay)	_____	Days
Wage hours per sick day	_____	Hours
Sum continued pay (sick pay)	_____	Euro ☐ Brutto / ☐ Netto
Vacation days	_____	Days
Vacation hourly pay	_____	Euro per hour ☐ Brutto / ☐ Netto
Sum Vacation pay	_____	Euro ☐ Brutto / ☐ Netto
Additional Payments	_____	Euro ☐ Brutto / ☐ Netto
Additional Payments	_____	Euro ☐ Brutto / ☐ Netto
Additional Payments	_____	Euro ☐ Brutto / ☐ Netto
Money owed	_____	Euro ☐ Brutto / ☐ Netto
Money recieved	_____	Euro ☐ Brutto / ☐ Netto
Difference	_____	**Euro ☐ Brutto / ☐ Netto**

I set the following **deadline** _____

Date _____

Signature _____

Additional **Explanations**: