

**Temporary Posting of an employee to Iceland  
Annex to Employment Contract**

**Article 1 - Information regarding employer**

Name:		VAT number:	
Address:			
Postcode:	Telephone:	Email:	

**Article 2 - Information regarding employee**

Name:		Date of Birth:
Address in home country:		
Address in Iceland:		

**Article 3 - Information regarding employment in Iceland**

Job title:			
Project address:			
Employment ratio:	<input type="checkbox"/> Fulltime, 100%	<input type="checkbox"/> Part time	Ratio %:
<input type="checkbox"/> Daytime work	<input type="checkbox"/> Shift work		
<input type="checkbox"/> Fixed overtime	hours per day	hours per week:	hours per month:
Other information:			
Project period in Iceland	Date from:	Until:	

**Article 4 - Information regarding wages while posted in Iceland**

Wage per month:		
Hourly daytime rate:	Hourly Overtime rate 1 :	Hourly Overtime rate 2:
Shift supplement:		
Currency of which the employee's wages are paid:		
Does the employee receive a daily allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount per day:
Is the employee required to pay for their accommodation in Iceland?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the employee required to pay for their meals in Iceland?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other - please specify:	
*Expenses pertaining to the employees' travel and board are not considered to be part of their minimum wage entitlement while posted in Iceland, per Article 4 of Act No. 45/2007 on Posted Workers and the Obligations of Foreign Service Providers		
Method of payment:	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	
	<input type="checkbox"/> Into employee's bank account <input type="checkbox"/> Other - please specify	
Annual paid vacation entitlement:		
When did the employee commence employment with the company? Please specify DD/MM/YYYY:		

**Article 5 - Information regarding employees' insurance coverage**

Does the employee have social insurance?	<input type="checkbox"/> No <input type="checkbox"/> A1 <input type="checkbox"/> Other-please specify:
Does the employee have accident insurance	<input type="checkbox"/> No <input type="checkbox"/> DA1 <input type="checkbox"/> Other-please specify:
Does the employee have health insurance in Iceland?	<input type="checkbox"/> EU Health insurance card <input type="checkbox"/> A1
	<input type="checkbox"/> Other - please specify:

\_\_\_\_\_

Place

\_\_\_\_\_

Date

\_\_\_\_\_

Employer's signature

\_\_\_\_\_

Employee's signature