

Clear form

This additional appendix to the personal assistance employment contract is a notification of a change in the content of a previously concluded employment contract. The additional appendix must be kept together with the original employment contract.

This additional appendix applies to the employment contact concluded on __.__._____.

1. Employer's or substitute employer's details

Last name		First name	
Address			Postal code and city/town
Telephone		Email	

2. Name of the person to be assisted (unless acting as the employer)

Last name		First name	
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3. Employee's details

Last name		First name		Personal identity code	
Address			Postal code and city/town		
Telephone		Email			

4. Duration of the change

Until further notice as of __.__._____
Fixed term from __.__._____ - __.__._____

5. Change in working hours

Regular _____ hours/week Regular _____ hours/month Variable; at least _____ no more than _____ hours/week Variable; at least _____ no more than _____ hours/month The number of hours and the working hours must be based on the service plan made by a City of Helsinki social worker for the person with a disability acting as the employer and on a valid decision on personal assistance.
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6. Other changes to the employment contract

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7. Date and signatures

Place and date	
Employer's signature and printed name	Employee's signature and printed name

Return the signed form to payroll either as an email attachment or by paper mail.

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