

sTM.ANNEX 2

EMPLOYER AUTHORISATION FORM

EMPLOYER DETAILS

National Authority	<input type="text"/>		
Address	<input type="text"/>		
E-mail address	<input type="text"/>		
Telephone No	<input type="text"/>	Fax	<input type="text"/>

AUTHORIZED BY

I, the undersigned,

Full name	<input type="text"/>
Rank	<input type="text"/>
E-mail address	<input type="text"/>
Telephone No	<input type="text"/>

approve that the following employee is allowed to take part in the seconded Team Member selection process of Frontex;

sTMs full name	<input type="text"/>		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth* <input type="text"/>
			<small>*) dd/mm/yyyy</small>
Rank	<input type="text"/>		

and **declare** that I am fully aware that in case of positive selection the Employer will be obliged to fulfil the provisions of the Decision No 25/2012 of the Frontex Management Board of 28 November 2012, laying down rules on the secondment of nationals experts with the tasks and the powers of the guest officers to Frontex, especially as regards Article 1 section 4 (administrative status of sTM) and Article 2 section 2 (professional experience of sTM);

Place and date*
*) dd/mm/yyyy

Signature

Certified as true and correct
Signature and stamp of **National Authority**