FORM OF THE EMPLOYMENT SERVICE OF SLOVENIA FORM – U1 APPLICATION (RS)

# **APPLICATION FOR AN U1 FORM**

# **(certificate of periods of employment and insurance completed in the Republic of Slovenia)**

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| The U1 form is issued by the Employment Service of Slovenia (hereinafter: the Service) based on Regulations of the European Parliament and of the Council No. 883/2004 of 29 April 2004 and No. 987/2009 of 16 September 2009, to confirm the periods of employment and insurance completed in the Republic of Slovenia. This form is necessary if you wish to claim unemployment benefits in another EU/EEA member state/Switzerland where you were last employed and you request that the competent institution in the country where you claim benefits takes into account the periods of employment or insurance that you completed in Republic of Slovenia. Please provide all data as institutions from other countries require a fully completed U1 form, otherwise it will be rejected. |

# **DATA ON THE APPLICANT\* Sex**: Female Male

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: | | | | | | | | | | | | | |
| First name: | Nationality: | | | | | | | | | | | | |
| *EMŠO* – personal identification number in the Republic of Slovenia: |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of birth:       (only if no personal identification number has been assigned) | | | | | | | | | | | | | |
| Address in the Republic of Slovenia: | | | | | | | | | | | | | |
| Street name and number: | | | | | | | | | | | | | |
| Town: | Post code: | | | | | | | | | | | | |
| Contact telephone number: | Contact email address: | | | | | | | | | | | | |

\* Note: The terms used in the original Slovenian version of this document are written in the masculine gender, but apply equally to men and women as gender-neutral terms.

# **DATA ON LAST EMPLOYMENT IN THE REPUBLIC OF SLOVENIA**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the employer (name and address): | | | | | | | | |
| Period of employment: | FROM: | DAY | MONTH | YEAR | TO: | DAY | MONTH | YEAR |
|  |  |  |  |  |  |
| Reason for termination of employment: | | | | | | | | |

# **ADDRESS TO WHICH THE SERVICE WILL SEND THE U1 FORM**

|  |  |  |
| --- | --- | --- |
| Address for deliveries: | | |
| Street name and number: | | |
| Town: | Post code: | Country: |

# **APPLICANT’S STATEMENT:**

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| * I, the undersigned, am aware that according to Articles 66 and 139 of the General Administrative Procedure Act (Official Gazette of the RS, No. [24/06](http://www.uradni-list.si/1/objava.jsp?sop=2006-01-0970) – official consolidated version,[105/06](http://www.uradni-list.si/1/objava.jsp?sop=2006-01-4487) – ZUS-1, [126/07](http://www.uradni-list.si/1/objava.jsp?sop=2007-01-6415), [65/08](http://www.uradni-list.si/1/objava.jsp?sop=2008-01-2816), [8/10](http://www.uradni-list.si/1/objava.jsp?sop=2010-01-0251), [82/13](http://www.uradni-list.si/1/objava.jsp?sop=2013-01-3034), [175/20](http://www.uradni-list.si/1/objava.jsp?sop=2020-01-3096) – ZIUOPDVE and [3/22](http://www.uradni-list.si/1/objava.jsp?sop=2022-01-0014) – ZDeb), an authorised official of the Service in charge of the procedure will acquire from official records the data necessary for establishing the state of facts that are important for decision-making, and I hereby give permission for this. |
| * I, the undersigned, agree that based on Article 8 of the Personal Data Protection Act (Official Gazette of the Republic of Slovenia, No. 94/07 – **official consolidated version, and 177/20**, the Service may process my data given herein for the purpose of issuing the U1 form. |

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| --- | --- | --- | --- |
| **DATE:** |  | **APPLICANT'S SIGNATURE:** |  |

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| **ATTACHMENT:** document indicating the reason for termination of employment, specified in section II. |