**UNEMPLOYMENT INSURANCE FUND CONTRIBUTION TO INTERNSHIP PAYMENTS**

**STUDENT AND EMPLOYER INFORMATION FORM**

According to the Vocational Education Law No. 3308, the workplaces of students that conduct internships and are paid within the scope of the procedures and principles regarding the payment of a certain part of the vocational education-receiving students’ wages from the unemployment insurance fund **“shall receive the 2/3 of the 30% of the net minimum wage as state contribution if the business has less than 20 employees, or 1/3 of the 30% of the net minimum wage if the business has twenty or more employees”.**

NOTE: In order for the state contribution to be paid to the workplace**, the bank receipt showing that the student is paid is to be delivered to GTU on the first business day of every month.** Workplaces that do not send out the bank receipts shall not be paid.

Our e-mail address: …………………………. Fax: (+90 262) …………………… Tel: (+90 262) …………….

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**STUDENT’S DETAILS:**

**FULL NAME : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

**TR ID NO : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

**DATE OF BIRTH : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

**STUDENT NO : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

**DEPARTMENT/PROGRAM : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

**TELEPHONE NUMBER : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

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**BUSINESS DETAILS:**

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| **BUSINESS/COMPANY NAME** |  |
| **TELEPHONE NUMBER** |  |
| **FAX NUMBER** |  |
| **ADDRESS** |  |
| **AUTHORIZED PERSON’S FULL NAME**  **SIGNATURE/SEAL** |  |
| **WILL THE STUDENT BE PAID THE COMPANY?**  **( If YES, please provide the bank related information below)** | **NO**  **YES** |
| **BANK NAME, BRANCH CODE, IBAN:**  (Please provide all the information and the IBAN as it is, with spaces in between, and write legibly.) |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Internship Start Date | Internship End Date | Insurance Start Date | Number of Days of Actual Internship | Number of Absent Days | Requested State Contribution Amount | Number of Employees of the Business |
|  |  |  |  |  |  |  |