



Surname and name of the applicant/insured person:

Unique Personal Identification Number

I, the undersigned, hereby file the application pursuant to Article 118 of the Labour Market Regulation Act (Official Gazette of the Republic of Slovenia, Nos. 80/2010, 40/12-ZUJF, 21/13, 63/13, 100/13, and 63/13-ZIUP TDSV)

**APPLICATION
for the exercise of the right to unemployment benefit**

The right to unemployment benefit:

- is exercised for the first time I have already received unemployment benefit and I
- used it completely
 - have not used it completely due to _____
 - instead of exercising a new right I would like to exercise the right in its remaining part, because the duration of the latter is longer than that of the new right

After the termination of employment:

- I am on sick leave I am not on sick leave

In the last eight (8) months prior to termination of the employment relationship, I was receiving salary compensation due to sickness, maternity leave, or disability:

- YES NO

Receiving unemployment benefit at ZPIZ: YES NO

Date of the termination of compulsory insurance: ..

I claim tax relief for family members: YES (fill out on the next page) NO

**STATEMENT OF THE
APPLICANT**

1. Prior to the occurrence of unemployment,
 - I was not receiving and I am not receiving non labour-related income.
 - I was receiving and will continue to receive labour-related income.
2. I am aware that I have the obligation according to Article 67 of the Labour Market Regulation Act to promptly inform the Employment Service of Slovenia (Service) on performed work, agreed payment, and payment deadline for the performed work. If the insured person ceases to fulfil their obligation of prompt information or if they do not inform the Service on the basis for the payment of additional income, on performed work, agreed payment, or payment deadline for the performed work in no later than 8 days, their right to unemployment benefit expires and they are obliged to return the unjustifiably received amounts of unemployment benefit.
3. I am aware that, according to Articles 66 and 139 of the General Administrative Procedure Act, an authorised official of Employment Service of Slovenia in charge of the procedure gathers from official records the data necessary for the establishment of the actual situation and facts important for decision making, and I do not prohibit that.
4. I am aware that, according to Paragraph 4 of Article 124 of the Labour Market Regulation Act, I am obliged to inform the Service on all the facts which influence the obtaining, standstill, or loss of rights in no longer than 8 days after the occurrence of such fact.
5. I am aware that I may revoke my decision on exercising the right to the remaining unused part of unemployment benefit instead of the new right only until the issuing of the decision of the body of first instance.
6. I hereby declare that all the information is true and that I take full material and criminal liability for it.

EVIDENCE TO THE APPLICATION:

1. Employment contract(s) - submitted by the applicant
2. Certificate on the salary rate (OBR. ZRSZ-SV/3) - obtained by the Service/submitted by the applicant
3. Data on ZPIZ unemployment benefit - obtained by the Service

INFORMATION ON THE APPLICANT'S FAMILY MEMBERS

FOR WHOM, ACCORDING TO THE TAX ACT, THE APPLICANT OF THE REQUEST CLAIMS
TAX RELIEF:

SURNAME AND NAME	YEAR OF BIRTH	TAX NUMBER	UNIQUE PERSONAL	DEGREE OF KINSHIP

Degree of kinship - write the adequate code:

A – Child

A.1 – Child up to the age of 18

A.2 – Child to the age of 26, continuing schooling at secondary or tertiary level

A.3 – Child older than 26 years of age if enrolled in tertiary degree education until 26 years of age, i.e. for a maximum 6-year period from the date of enrolment in undergraduate studies and for a maximum of 4 years from the date of enrolment in post-graduate studies

A.4 – Child older than 18 years who is not included in the education system and who is able to work if they are registered at the employment office

A.5 – Child who needs special care and has the right to a child care allowance in accordance with the Parental Protection and Family

Benefit Act or the right to the allowance for assistance and home help in accordance with the Pension and Disability Insurance Act

B – Child unable to work in accordance with the regulations on the social protection of mentally and physically disabled persons

C – Spouse or cohabiting partner who is unemployed and is not engaged in any activity

D – Parents or adoptive parents of the insured person

Masculine form is used only for better clarity and transparency.

ATTACHMENT TO THE APPLICATION:

I. MY WORKING RELATIONSHIP WAS TERMINATED DUE TO (mark the adequate cause with the sign X):

1. EXPIRY OF THE FIXED-TERM EMPLOYMENT CONTRACT

Evidence: *Employment contract(s) - submitted by the applicant*

2. DEATH OF EMPLOYER (NATURAL PERSONE)

Evidence: *Certificate of an administrative unit that the employer (natural person) ceased to exist / obtained by Service*
 Other: ..

3. TERMINATION OF EMPLOYMENT CONTRACT BY AGREEMENT

Evidence: *Written agreement on termination of employment contract / submitted by the applicant*

4. a. ORDINARY CANCELLATION OF EMPLOYMENT CONTRACT BY THE WORKER WITHOUT EXPLANATION

Evidence: *Written cancellation of employment contract by the worker / submitted by the applicant*

b. ORDINARY CANCELLATION OF EMPLOYMENT CONTRACT BY THE WORKER DUE TO THE CHANGE OF EMPLOYER AND DETERIORATION OF RIGHTS FROM THE EMPLOYMENT CONTRACT OR SIGNIFICANT CHANGES IN WORK CONDITIONS

Evidence: *Written cancellation of employment contract by the worker / submitted by the applicant*
 Explanation of the reasons for deterioration/changes / submitted by the applicant
 Employment contract(s) - submitted by the applicant

5. ORDINARY CANCELLATION OF EMPLOYMENT CONTRACT DUE TO THE INITIATION OF BANKRUPTCY PROCEDURE OR COMPULSORY LIQUIDATION SETTLEMENT

Evidence: *Written cancellation of employment contract by the administrator of the procedure / submitted by the applicant*

6. ORDINARY CANCELLATION OF EMPLOYMENT CONTRACT BY THE EMPLOYER

Evidence: *Written cancellation of employment contract by the employer / submitted by the applicant*

7. EXTRAORDINARY CANCELLATION OF EMPLOYMENT CONTRACT BY THE EMPLOYER

Evidence: *Written cancellation of employment contract by the employer / submitted by the applicant*

8. CANCELLATION OR TERMINATION BY AGREEMENT OF EMPLOYMENT CONTRACT DUE TO CHILD CARE

Evidence: *Written cancellation or termination by agreement of employment contract due to the care for 4 or more children / submitted by the applicant*
 Extract from the register of births for the children / submitted by the applicant

9. EXTRAORDINARY CANCELLATION OF EMPLOYMENT CONTRACT BY THE WORKER, because the employer:

- failed to assure the employee the work for more than two months and also failed to pay them remuneration for work determined by law
- failed to pay in its entirety social security contributions for three consecutive months or in the period of 6 months
- failed to ensure performance of work due to the decision of the competent inspection for longer than 30 days and failed to pay the employee remuneration for work determined by law
- failed to pay the employee's salary within the legally or contractually determined period twice in succession or within a period of six months
- failed to pay the employee their salary or paid them significantly lower salary for at least two months
- failed to ensure the workers' occupational health and safety at work when the employee has prior requested the removal of a direct and unavoidable danger to health or life
- failed to ensure equal treatment
- failed to ensure measures to protect workers against sexual and other harassment and workplace mobbing

Evidence: *Written cancellation of employment contract by the worker / submitted by the applicant*

Copy of a written warning to employer / submitted by the applicant

Copy of notice to labour inspector / submitted by the applicant

At the time of cancellation by employer, I was:

Employee representative

Evidence: *Consent of the Union or body / submitted by the applicant*

on sick leave

Evidence: *Medical sheet / submitted by the applicant*

pregnant or breastfeeding

Evidence: *Notice to employer on pregnancy / submitted by the applicant*

on parental leave

Evidence: *The social work centre's decision (obtained by Service)*

a person with a II or III level disability, a person with working disability, recipient of unemployment benefit at ZPIZ

Evidence: *decision of ZPIZ on disability, benefit / obtained by Service*

none of the above

In relation to termination of employment:

- I did not claim judicial protection according to the law
- I claimed judicial protection according to the law
- I will claim judicial protection according to the law

Evidence: Request for judicial protection at the competent authority and social court / submitted by the applicant

INFORMATION ON THE DURATION OF PERIOD OF NOTICE IN CASE OF BUSINESS OR INCOMPETENCE REASONS

During the period of notice, I have used _____ days of absence from work participation in labour market measures, for which the employer has _____ has not paid me salary compensation.

During the period of notice, the employer or Employment Service of Slovenia: has not offered me a new adequate employment contract for indefinite period with another employer has offered me a new adequate employment contract for indefinite period with another employer, which I refused for the following reason: __

10. TERMINATION OF EMPLOYMENT CONTRACT BASED ON COURT JUDGMENT

Evidence: Court judgment

11. TERMINATION OF ACTIVITY AS A SELF-EMPLOYED PERSON (sole trader, independent cultural workers, etc.)

Evidence: Proof of registration or deregistration from the relevant register (order on registration/deregistration from the business register, decision on registration/deregistration from the independent cultural workers directory ...) / obtained by Service Explanation of reasons for termination of activity with relevant evidence / submitted by the applicant Calculation of the tax prepayment for income from the activity for the current and past year - for the sole trader / obtained by Service Decision on income tax assessment for the current and past year – for other self-employed persons / obtained by Service Other: _

12. MOVE TO ANOTHER CITY DUE TO THE EMPLOYMENT OF SPOUSE OR COHABITING PARTNER

Evidence: Statement on marriage or an extra-marital relationship / submitted by the applicant Employment contract of the spouse / submitted by the applicant Statement on one-way distance by public transport from the place of residence of the insured person to the place of employment of the spouse or cohabiting partner / submitted by the applicant

13. TERMINATION OF EMPLOYMENT CONTRACT TO AN ALIEN

Evidence: Evidence: _

14. TERMINATION OF A PUBLIC OR OTHER FUNCTION IN BODIES OF LEGISLATIVE, EXECUTIVE OR JUDICIARY POWER BASED ON ELECTION OR APPOINTMENT

Evidence: Proof on exercising the right to return to work / submitted by the applicant

15. OTHER REASONS (write): __

Evidence: Documentation on termination of employment / submitted by the applicant

EXERCISE OF THE RIGHT TO UNEMPLOYMENT BENEFIT AFTER TERMINATION OF VOLUNTARY INSURANCE

16. TERMINATION OF VOLUNTARY INSURANCE DUE TO TERMINATION OF EMPLOYMENT CONTRACT SUSPENSION ACCORDING TO REGULATIONS ON EMPLOYMENT RELATIONSHIPS

Evidence: Documentation on termination of legal relationship which was the basis for voluntary insurance / submitted by the applicant Confirmation of paid contributions from DURS / obtained by Service

17. TERMINATION OF VOLUNTARY INSURANCE OF THE SPOUSE OR COHABITING PARTNER SLOVENIAN CITIZENS, EMPLOYED ABROAD

Evidence: Documentation on termination of legal relationship which was the basis for voluntary insurance (proof of termination of employment of the spouse or cohabiting partner abroad) / submitted by the applicant Confirmation of paid contributions from DURS / obtained by Service

18. TERMINATION OF VOLUNTARY INSURANCE OF THE SPOUSE OR COHABITING PARTNER DIPLOMATS OR OTHER PUBLIC EMPLOYEES, POSTED FOR WORK ABROAD

Evidence: Documentation on termination of legal relationship which was the basis for voluntary insurance (proof of termination of post of the spouse or cohabiting partner for a work abroad) / submitted by the applicant Confirmation of paid contributions from DURS / obtained by Service

The application was filed on _____ with attachments: _____
The application needs to be completed within _____ days with attachments: _____

Signature of the applicant:

The application was completed on _____ with attachments: _____

Date: _____ **Name, surname, and signature of the authorised official at ZRSZ:**