



DECLARATION OF ONE-OFF WORK ACTIVITY

Registration Unit - Employment Services Division

I, _		, would	d like to inform Jo	bsplus that I will be	
enga	aged in a one-off	work activity as per C	ch. 594, 13.2 (d) wit	h (name of company /	
firm)			•	
	From	То	HOURS PER	TOTAL	
	[dd/mm/yyyy]	[dd/mm/yyyy]	WEEK	HOURS	
Docietus at/a signatura					
Registrant's signature			Employer's signature		
	·				
Registrant's ID			Employer's ID		
Date	e				
Not	es:				
1100	.03 .				
1.	This form needs to be filled out by the registrant and the employer and				
	submitted to the registration unit at least one week in prior to engagement. Send this form to the following address:				
	•				
	Registration Unit, Jobsplus Head Office. Ħal Far. BBG 3000.				
	Or to the nearest Jobsplus Job Centre				
	·				
	Or via email on: registrations.jobsplus@gov.mt.				

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