

SNE.FORM 1a

**EMPLOYER AUTHORIZATION**  
**FOR SECONDED NATIONAL EXPERT CANDIDATE**

Name of the Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ e-mail address: \_\_\_\_\_

Fax: \_\_\_\_\_

**Contact person details:**

Name and surname of contact person \_\_\_\_\_ Position: \_\_\_\_\_

Telephone number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Fax: \_\_\_\_\_

I, the undersigned, approve that Ms./Mr. \_\_\_\_\_

employed as (position) \_\_\_\_\_ is allowed to take part in the Secoded National Experts selection process of Frontex. I hereby declare that I'm fully aware that in case of positive selection the Employer will be obliged to fulfil all the provisions in accordance with the Decision of the Frontex Management Board of 30 March 2017 laying down rules on the secondment of Nationals Experts to Frontex.

**Duly authorized by:**

Name and surname: \_\_\_\_\_

Position: \_\_\_\_\_