

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: _____