

EMPLOYER AUTHORIZATION
FOR SECONDED NATIONAL EXPERT CANDIDATE

Name of the Employer _____

Address _____

Telephone Number _____ E-mail Address: _____

Contact Person Details:

Name and Surname of Contact Person _____ Position: _____

Telephone Number: _____ E-mail address: _____

**I, the undersigned, approve that Ms./Mr. _____
employed as (position) _____ is allowed to take part in the
Secoded National Experts selection process of the Shift2Rail Joint Undertaking - for the
position of (vacancy reference number)**

**I hereby declare that I am 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 Governing Board of
the Shift2Rail JU laying down rules on the secondment of national experts and national
experts in professional training to the Shift2Rail Joint Undertaking.**

Duly authorized by:

Name and Surname: _____

Position: _____

Employer Stamp, Date and Signature