<epam>

# ONBOARDING DOCUMENTS

**LET'S START!** 





#### Dear Epamei

#### Please send back to HR below documents:

- One copy employment contract
- 2. One copy additional information to employment contract
- One copy confidentiality and non-competition agreement
- 4. Personal questionnaire
- 5. Initial training form concerning industrial health and safety + declaration
- 6. Declaration about tax residence
- 7. Authorization for the employer to pay monthly salary into employee's bank accoun
- 8. Statement (work regulation, remuneration regulations, EPAM Code of Conduct, Employee Privacy Notice)
- 9. Statement about paid social insurance contributions **if applicable**
- 10. Statement for the purpose of the use of parents and careers right if applicable
- 11. Application to cover family member with health insurance if applicable
- 12. PIT-2 if applicable
- 13. Medical statement if you already have
- 14. Joint taxation statement if applicable
- 15. Application for increased tax expenses **if applicable**
- 16. Application for higher tax rate **if applicable**
- 17. Resignation fro mthe so-called allowance for middle class **if applicable**



# OBLIGATORY DOCUMENTS

# EMPLOYMENT CONTRACT, ADDITIONAL INFORMATION TO THE CONTRACT, CONFIDENTIALITY AND NON-COMPETITION CLAUSE

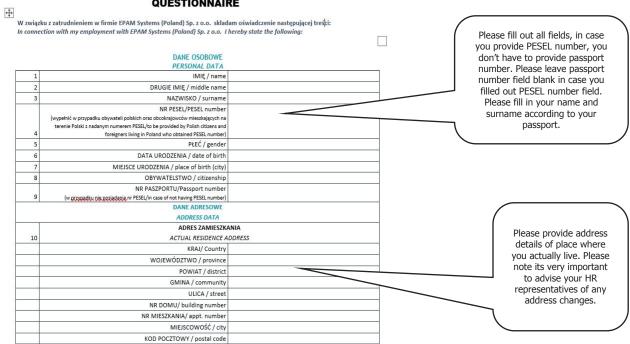
Please note HR sends two copies of these documents. One copy is for the employee, second copy is for HR. Please send back only one copy of the document to HR together with onboarding documentation.

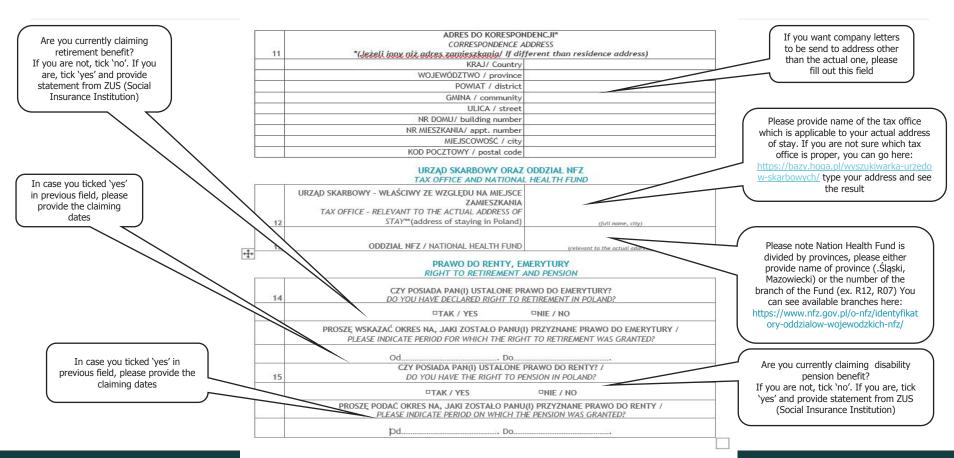
Please note the same applies to any documents that are duplicated: supplementa pays, sign-in bonuses, etc.

## PERSONAL QUESTIONNAIRE

This document enables us to register you as employee in our company system, register you at Social Insurance Institution and National Health Fund. At the end you will find authorization to data processing which is also required.

## KWESTIONARIUSZ OSOBOWY / PERSONAL QUESTIONNAIRE





#### OSWIADCZENIE O STOPNIU NIEPEŁNOSPRAWNOŚCI STATEMENT ABOUT THE LEVEL OF DISABILITY

CZY POSIADA PAN(I) ORZECZENIE O STOPNIU NIEPEŁNOSPRAWNOŚCI?\* DO YOU HAVE CONFIRMATION OF THE LEVEL OF DISABILITY IN POLAND2\* 16 (\* właściwe zakreślić / mark where applicable) ☐ I grupa - znaczny stopień niepełnosprawności / substantial level of disability ☐ III grupa - lekki stopień niepelnosprawności / light level of disability □ Nie posiadam / I don't have confirmed disability

If you have documented disability by certifying physician from ZUS (Social Insurance Institution), please tick the appropriate level and provide statement from ZUS. If you don't have disability, please tick the last box

UWAGA!: JEŻELI POSIADA PAN(I) ORZECZONY STOPIEŃ NIEPEŁNOSPRAWNOŚCI, USTALONE PRAWO DO EMERYTURY LUB RENTY NALEŻY DOŁĄCZYĆ KSEROKOPIE ZUS W TYM ZAKRESIE\*

PLEASE NOTEL: If you have declared that you have disability level recognized, right to retirement granted or right to life annuity please provide copy of ZUS confirmation.

17	OSOBA, KTÓRĄ NALEŻY POWIADOMIĆ W R PLEASE INDICATE CONTACT PERSON IN CAS		Please provide contact details to the person who should be
	IMIĘ/name		
122	NAZWISKO / surname		notified in case of accident at work
- 2	NR TELEFONU / phone number		

Please provide your first and last name

Ja/I,

Imię I nazwisko/Name and Surname

wyrażam zgodę na zamieszczenie i przetwarzanie moich danych w bazie danych osobowych **EPAM Systems** (**Poland**) sp.z o.o. w celu realizacji procesu administracji kadrowo-płacowej pracowników Spółki oraz upoważniam firmę **EPAM Systems** (**Poland**) sp. z o.o. do podpisania w moim imieniu dokumentu zgłoszenia do ZUS (ZUS ZUA).

W przypadku zmiany danych, zobowiązuję się do **niezwłocznego** poinformowania pracodawcy o zaistniałych zmianach.

Prawdziwość danych potwierdzam własnoręcznym podpisem.

I agree to maintain and process my personal data in the EPAM Systems (Poland) sp. Z q.q. database for the purpose of HR administration and payroll processing for EPAM Systems (Poland) sp. Z q.q. employees. I also authorize EPAM Systems (Poland) sp. Z q.q. to sing on my behalf documents of registration with ZUS (ZUA).

In case of change of  $\underline{\text{data}}$  I declare that I will immediately notify employer about changes.

I confirm the correctness of the above information with my original signature.

Please provide legible signature

Please provide place and date of signing

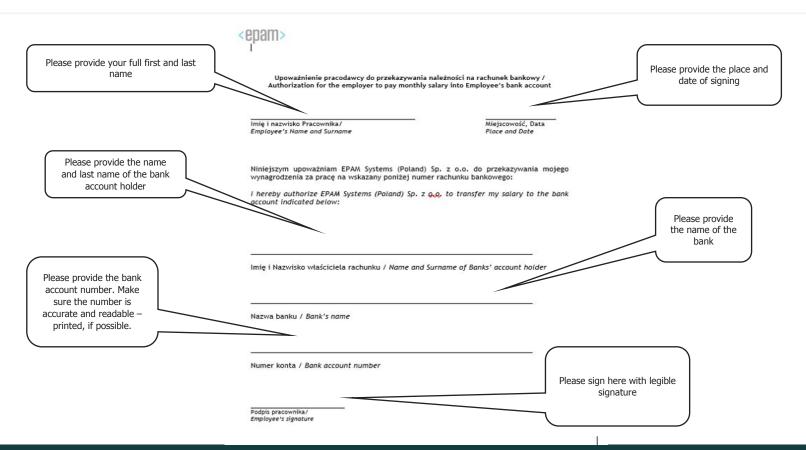
Miejscowość i data Place and Date Czytelny podpis osoby składającej kwestionariusz Legible Signature

## BANK AUTHORIZATION FORM

EPAM employees receive salary by means of bank transfer to their bank accounts. This form tells us to what bank account transfer your salary.

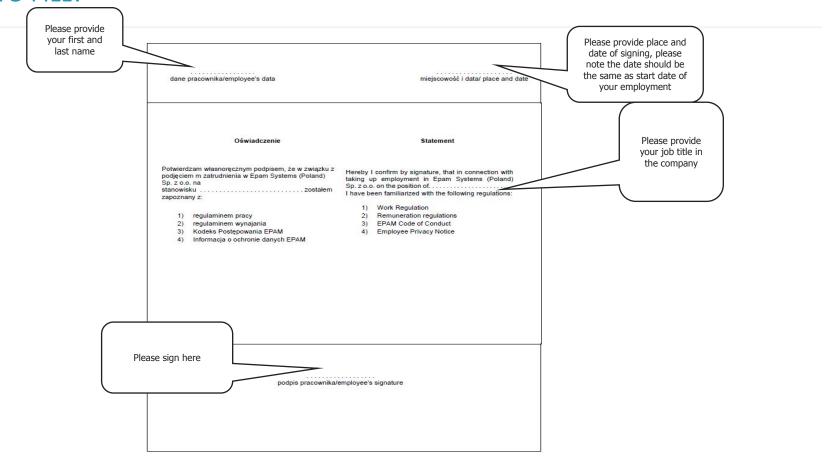
#### FOR FOREIGNERS:

Please note if you do not have Polish bank number yet, please submit this form as soon as you open the bank account.



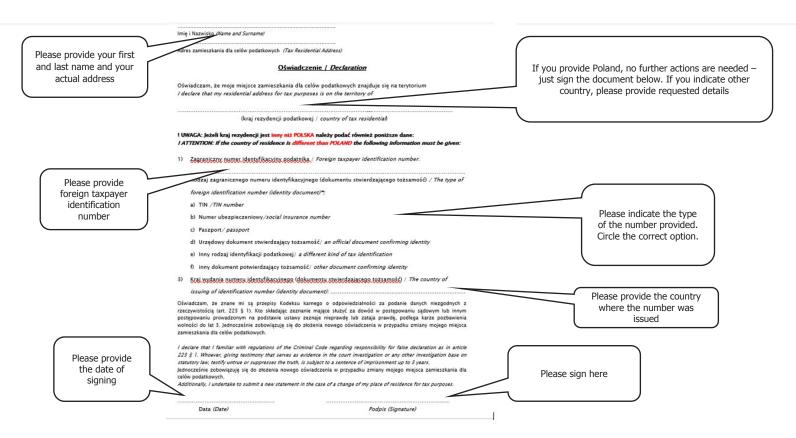
## STATEMENT

On your first day we will familiarize yourself with our work regulations, renumeration regulations and policies, Epam Code of Conducts, Employee Privacy Notice. Having this document signed is a requirement from Polish Labour Code.



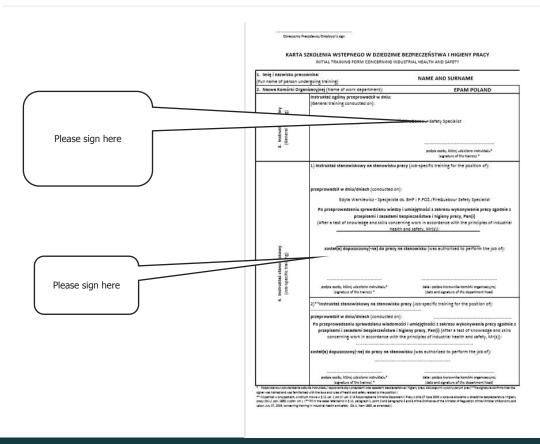
## TAX RESIDENCE DECLARATION

This document specifies the country in which you want to settle your taxes. If you are a Polish resident, or a foreigner who intends to live a life in Poland you should indicate Poland as your country of tax residence.



#### FIRE PROTECTION & OCCUPATIONAL HEALTH AND SAFETY TRAINING CARDS

These cards confirm that you underwent Fire Protection Training and Occupational Health and Safety training which are obligatory in Poland. These trainings will take place on your first day of employment.



#### NAME AND SURNAME

Employee's full name/imię i nazwisko

#### DECLARATION

I, the undersigned, hereby certify that on:

during introductory / besic/periodice!\* fire safety training, I was familiarized with the "Fire Safety Manual" and with the obligations and rules of fire prevention and procedures in case of fire and other workplace risks in accordance with the training program described in the Manual mentioned above.

I further declare that on the first day of work I was familiarized with workplace risk assessment for administrative and office positions in EPAM Systems.

#### OŚWIADCZENIE

Ja, niżej podpisany(a), niniejszym oświadczam, że w dniu:

podczas szkolenia przeciwpożarowego w zakresie wstępnym<del>/podstawowym/okresowym\*</del> zostałem(am) zapoznany(a) z "Instrukcją bezpieczeństwa pożarowego" oraz z obowiązkami i zasadami w zakresie zapobiegania pożarom i postępowania na wypadek powstania pożaru lub innego miejscowego zagrożenia, zgodnie z programem szkolenia określonym w Instrukcji, o której mowa wyżej.

Ponadto oświadczam, iż w dniu rozpoczęcia pracy zostałem poinformowany o ryzyku zawodowym, związanym z moją pracą na stanowisku administracyjno-biurowym w Firmie EPAM Systems.



#### MEDICAL CERTIFICATE OF FITNESS TO WORK

Please note in Poland it is mandatory to obtain medical certificate of fitness to perform work issued by occupational medicine physician before start of employment.

Please provide us with a copy of certificate as soon as you receive it and send us original document together with signed and filled onboarding documentation

	Rodzaj badania lekarskiego:
	wstepne/okresowe/kontrolne*)
	wstępne/okresowe/kontrolne
	ORZECZENIE LEKARSKIE NR
wydan	e na podstawie skierowania na badania lekarskie z dnia
W wyniku	badania lekarskiego i oceny narażeń występujących na stanowisku pracy, stosownie
art. 43 pkt	2 i art. 229 § 4 ustawy z dnia 26 czerwca 1974 r Kodeks pracy (Dz. U. z 2016
poz. 1666).	orzeka się, że:
Pan(i)	
	(imię i nazwisko)
nr PESEL*	*)
zamieszkał	y(-la) w
	(miejscowość, ulica, sr domu, sr lokulu)
antes de ione	y(-na)/przyjmowany(-na)*) do pracy w
zatrucinon	(nazwa i altes pracodiwcy)
na stanowi	sku/stanowiskach/stanowisko/stanowiska* <sup>9</sup>
•bb	oraku przeciwwskazań zdrowotnych jest zdolny(-na) do wykonywania/podjęcia <sup>*)</sup> pra
	ilonym stanowisku (symbol 21)*)
	stnienia przeciwwskazań zdrowotnych jest niezdolny(-na) do wykonywania/podjęci a określonym stanowisku (symbol 22)* <sup>9</sup>
	istnienia przeciwyskazań zdrowotnych utracił(a) zdolność do wykonywa
	zasowej pracy z dniem
Data nastęj	onego badania okresowego:

<sup>30</sup> W brzmieniu ustalonym przez § 1 pkt 10 rozporządzenia, o którym mowa w odnośniku 4.

## **EMPLOYEE PROVACY NOTICE**

Please note to sign this document with signature at right bottom of each page and sign last page with signature and date



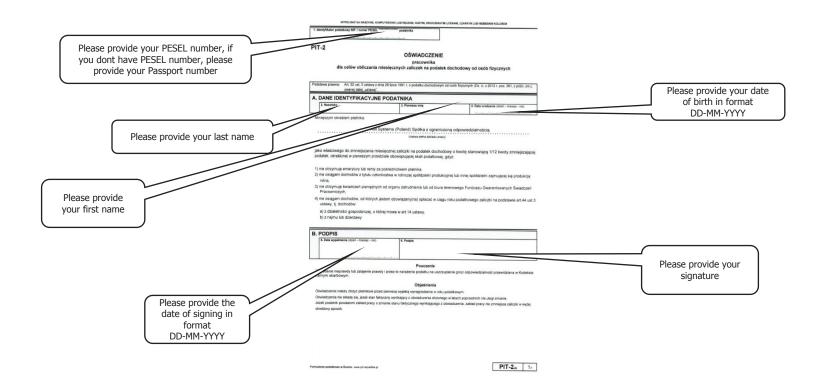


# ADDITIONAL DOCUMENTS

#### PIT-2 FORM

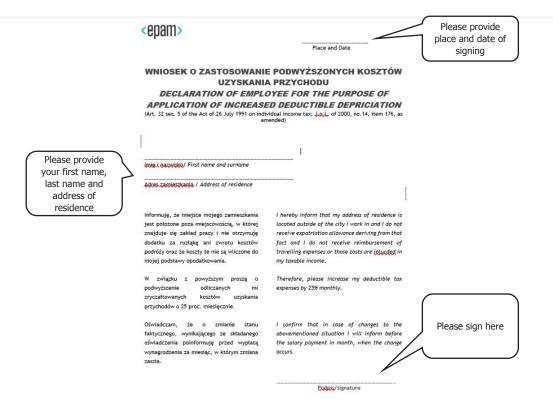
This document allows us to reduce the amount of advance personal income tax payment that is deducted from your salary. You **ONLY DO NOT FILL** this form if you are **self-employed**, you claim retirement or disability pension, you claim benefits from Employment Agency or Guaranteed Employee Benefits Fund (FGŚP), you generate income from being a member of Farming Co-Op, you rent an apartment to someone. The document must be submitted before the first calculation of monthly salary.

.



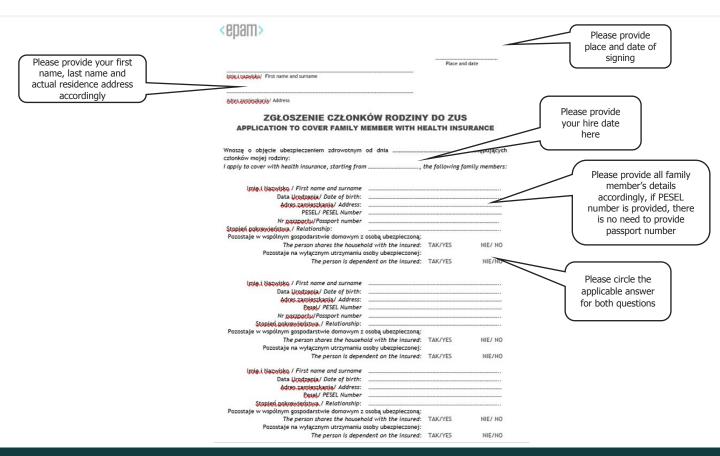
#### INCREASED DEDUCTIBLE DEPRICIATION

You fill out this form if you live in a city different than the one your work office is located in. Why? People employed under employment contract are eligible for a tax relief due to commuting. If person lives outside the city where their company is located, they are eligible for even greater tax relief due to commuting.



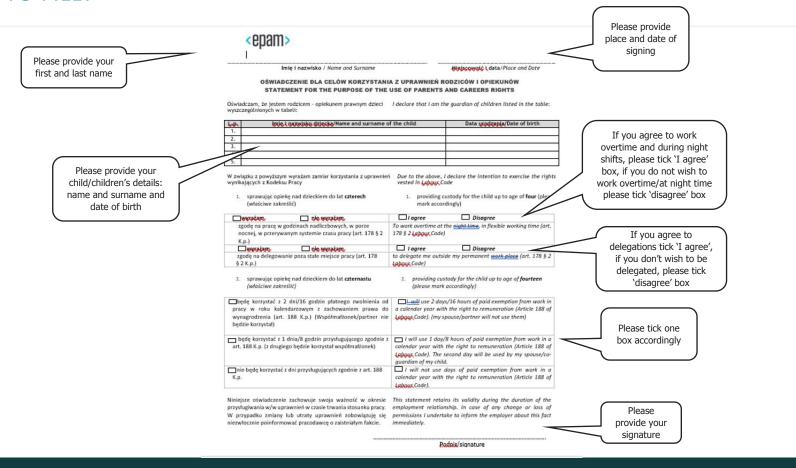
#### APPLICATION TO COVER FAMILY MEMBER WITH HEALTH INSURANCE

People who are working under contract of employment gain the right to health insurance. This means they can receive free medical care. They can also register their spouse or children if they don't have this right from other sources. Eligible children are those under 18, or under 26 if they still study, or children with certified disability without age limitation, or other family members cohabiting in the same household.



#### STATEMENT FOR THE PURPOSE OF THE USE OF PARENTS AND CAREERS RIGHTS

Parents have special employment rights. If your child is up to 4 years old you can refuse to work overtime, during night shifts or be delegated outside permanent workplace. If your child is up to 14 years old, you are eligible to receive 2 extra days for childcare leave. Please note that only one of working parents can use this right unless you decide to share. Then you can use one day and your spouse the other one. Please fill this out if you are a parent to inform us about your wishes.



#### JOINT TAXATION

Polish tax residents are subject to Personal Income Tax which is deducted from their salaries. There are two tax rates:

- 17% is deducted when your yearly income does not exceed 120 000.00 PLN.
- 32% is deducted when your yearly income is equal to or exceeds 120 000.00 PLN.

Based on Joint Taxation statment, 17% tax is calculated in monthly salaries even when the annual income exceeds 120 000.00 PLN.

In the statment you declare that you want to file annual tax declaration together with your spouse, given the spouse do not earn any income or the income earned is less than 120 000.00 PLN.

\* Please note that this declaration is valid for a calendar year (tax year)

If situation changes during the year, please note you need to inform HR as soon as possible. To learn more please go to: https://kb.epam.com/display/EPMPLHR/Mutual+taxation

<epam>

NIP/PESEL/Passport number

Imiq inazwisko / Name and Surname

JOINT TAXATION

Please provide your last name, first name and PESEL number accordingly

## O ŚWIADCZENIE DOT. WSPÓJ NEGO OPODATKOWANIA

Podstawa prawna: art. 32 ust. 1a ustawy z dnia 26 lipca 1991 r. o podatku dochodowym od osób fizycznych (Dz. U. z 2021 r.

Niniejszym proszę płatnika EPAM Systems (Poland) Sp. z o.o. o zastosowanie ulgowego sposobu obliczania zaliczek na podatek dochodowy od osób fizycznych w 2022 r. gdyż:

- Zamierzam opodatkować dochody łącznie
  z małżonkiem
- Moje dochody przekroczą górną granicę pierwszego przedziału skali (120 000 PLN), a matżonek nie uzyskuje żadnych dochodów
- z wyjątkiem renty rodzinnej lub dochody małżonka mieszczą się w niższym przedziale skali (tj. poniżej 120 000 PLN)
- Małżonek, z którym zamierzam się wspólnie opodatkować nie będzie korzystać w 2022 r. z możliwości obniżania zaliczki na podatek.

Jednocześnie zobowiązuję się bezzwłocznie zawiadomić o faktycznej zmianie stanu uprawniającego do obniżki zaliczki na podatek lub utracie możliwości opodatkowania dochodów wspólnie z matżonkiem...

Stwierdzam, że powyższe dane podałem(am) zgodnie ze stanem faktycznym. Odpowiedzialność karna skarbowa za podanie danych niezgodnych z prawdą jest mi znana.

STATEMENT

Legal base: Art. 32 sec. 1a of the Act of 26 July 1991 on individual income tax (LoL) of 2023, item 2105)

Hereby I ask the employer (taxpayer) EPAM Systems (Poland) Sp. z o.o. to apply reduced monthly personal income tax advances

1. I will tax my income jointly with my

in 2022, because:

- 2. My cumulative annual income exceeds the tax threshold (120 000 PLN), and spouse does not receive any income apart from a survivor's pension, or annual cumulative income of the spouse is below the threshold of 120 000 PLN.
- The spouse with whom I intend to tax in 2022 will not decrease the advances for the personal income tax.

I oblige myself to prompt notification of any amendments of circumstances which entitle me to reduction of tax advance or losing the possibility to tax my income together with my spouse.

I declare that all facts above are given truthfully.

I am aware of the criminal liability for providing false information.

Please provide date and signature

DATA ¿Podpis/DATE and Signature

Read the conditions – with the signature you declare that you meet the criteria.

<epam:

CONFIDENTIAL | © 2020 EPAM Systems, Inc.

#### CONTRIBUTION DECLARATION

In Poland your gross salary is reduced by tax and contributions.

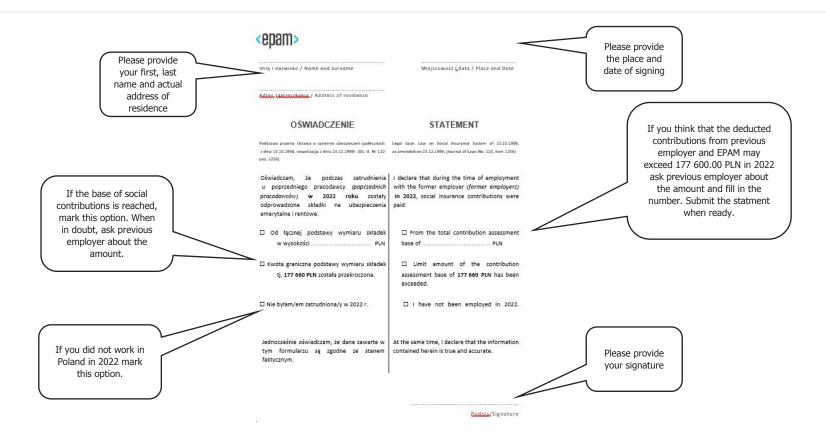
If the amount of deducted retirement pension contributions and disability pension contributions has or will exceed 177 660,00 PLN in 2022, the employer will stop deducting these two contributions types from your salary.

Please note that you do not have to provide this document if you know that this will not happen.

When in doubt, please ask your previous payroll provider for the social security base amount. Former employer will be able to give you this information.

Select only 1 checkbox on the statment.

FOR FOREIGNERS: Please do not submit this form if you have not been employed in Poland before.

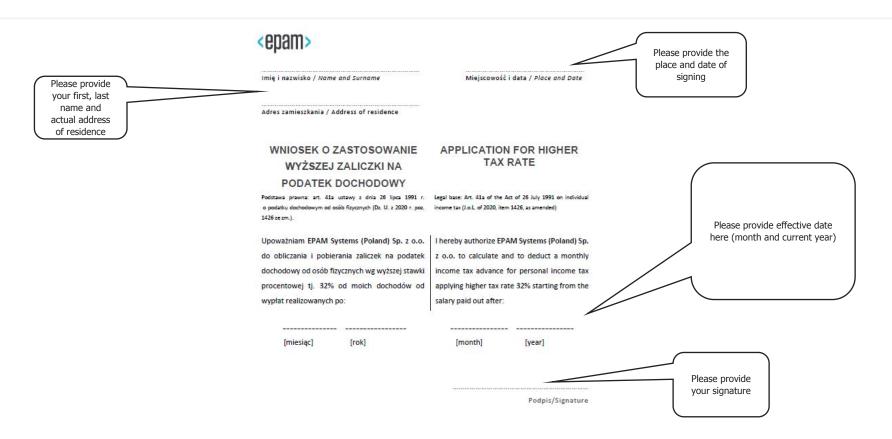


# DECLARATION CONCERNING APPLYING HIGHER TAX RATE FOR PERSONAL INCOME TAX

Please provide this form if you have already exceeded income of 120 000.00 PLN gross in current year and you know that you now fall into second tax threshold of 32%.

#### FOR FOREIGNERS:

Please note you do not provide this form if you have not been employed in Poland before.



# RESIGNATION FROM THE SO-CALLED ALLOWANCE FOR MIDDLE CLASS

From 2022, the employer is entitled to apply a relief for the so-called *middle class* for the months in which the employee will receive gross income in the amount of 5 701.00 PLN to 11 141.00 PLN.

If your cumulative annual income is less than 68 412.00 PLN or greater than 133 692.00 PLN, you are not entitled to this relief and may resign in advance (to avoid refund of the relief when submitting annual tax declaration).



PLEASE SEND US PICTURES OR SCANS OF SIGNED DOCUMENTS AS SOON AS YOU FILL THEM TO HR\_PL@EPAM.COM

PLEASE ASK APPRPRIATE ADMIN TEAM TO ORDER COURIER THAT WILL COLLECT ORIGINALS FROM YOU

WFAADMINISTRATIVE**KATOWICE**@EPAM.COM WFAADMINISTRATIVE**KRAKOW**@EPAM.COM WFAADMINISTRATIVE**GDANSK**@EPAM.COM WFAADMINISTRATIVE**WROCLAW**@EPAM.COM **THANK YOU!**