

**SNE.FORM
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 Seconded National Experts selection process of the ECCC. 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 No 2025-
3 of the ECCC Government Board of 13 March 2025 laying down rules on the
secondment of Nationals Experts to the ECCC.**

Duly authorized by:

Name and surname: _____

Position: _____

Signature: _____