

Personnel questionnaire

for workers with mini jobs or short-term employment

(employee is to leave grey fields blank)



Company:

Employee name

Personnel number

Dieser Personalfragebogen dient zur Vorerfassung von Personaldaten für das DATEV-Lohnabrechnungsprogramm. Zur Wahrung der Aufbewahrungsfrist wird der ausgefüllte Personalfragebogen von dem Arbeitgeber / der lohnabrechnenden Stelle gespeichert.

Personal data

Surname, maiden name as applicable	Given name
Street and house number (incl. additional information)	Post code, city
Date of birth	Gender <input type="checkbox"/> male <input type="checkbox"/> diverse <input type="checkbox"/> female <input type="checkbox"/> undetermined
Insurance number (as per social security card)	
Place, country of birth – <i>only if without insurance number</i>	Severely disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality	Employee number, pension fund – construction
Bank account number (IBAN) <input type="checkbox"/> Cash payment	Sort code/bank ID (BIC)

Employment

Entry date	Leaving date	Place of employment
Description of profession		Job performed
Education <input type="checkbox"/> Volksschule/Hauptschule (completion of secondary education) <input type="checkbox"/> Abitur (equivalent of A levels in UK) <input type="checkbox"/> Technical school/university <input type="checkbox"/> University degree	Professional training <input type="checkbox"/> Yes <input type="checkbox"/> No	
Holiday entitlement (calendar year)	Weekly/daily working hours	Employed in construction industry since
Cost centre	Department number	Person group

Status at beginning of employment

<input type="checkbox"/> Employee	<input type="checkbox"/> School pupil	<input type="checkbox"/> University applicant
<input type="checkbox"/> Employee on parental leave	<input type="checkbox"/> Unqualified	<input type="checkbox"/> Military/social service
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Other:
<input type="checkbox"/> Civil servant	<input type="checkbox"/> Student	
<input type="checkbox"/> Housewife/househusband	<input type="checkbox"/> Social welfare recipient	

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Taxes – Information as per income tax card

Official Municipality/community key	Tax office number	Identification number	
Tax class/factor	Number of exemptions for children	Denomination	2% flat tax <input type="checkbox"/> Yes <input type="checkbox"/> No

Social insurance

Health insurance <input type="checkbox"/> State <input type="checkbox"/> Private	Name of state/private insurer
Accident insurance risk tariff	DEÜV-status
For workers with mini jobs only: option for increasing pension insurance payments (§ 5, para. 2, no. 2 Social Security Code (SGB VI)) <input type="checkbox"/> Refuse pension-insurance option <input type="checkbox"/> Exercise pension-insurance option (waive pension-insurance exemption)	

Compensation

Description	Amount	Valid from	Hourly wage	Valid from

Capital-forming benefits (VWL) – only required if contract is at hand

Recipient	Amount	Employer share (monthly amount)
	Since	Contract number
Bank account number (IBAN)	Sort code/bank ID (BIC)	

Information on additional employment

(for short-term employees also already terminated jobs from this calendar year)

Time period	Employer	Type of work	Weekly hours
		<input type="checkbox"/> Mini job <input type="checkbox"/> Non-mini job employment <input type="checkbox"/> Short-term employment	
		<input type="checkbox"/> Mini job <input type="checkbox"/> Non-mini job employment <input type="checkbox"/> Short-term employment	

Do the monthly wages sum up to more than EUR 520? ja nein

(Note for employer: verify social security evaluation)

I object to my income statements (earned and additional) being forwarded electronically to the Bundesagentur für Arbeit (Federal Employment Office).

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Employment documents

• Employment contract	<input type="checkbox"/> At hand	<input type="checkbox"/> Included
• Income tax card/number of days employed at previous employer(s)	No. of days employed	<input type="checkbox"/> Included
• Social insurance ID	<input type="checkbox"/> Presented	<input type="checkbox"/> Copy included
• Application for exemption from pension insurance	<input type="checkbox"/> At hand	<input type="checkbox"/> Included
• Certificate of private health insurance	<input type="checkbox"/> At hand	<input type="checkbox"/> Included
• Capital-forming benefits (VWL) contract	<input type="checkbox"/> At hand	<input type="checkbox"/> Included
• School/university certificate	<input type="checkbox"/> At hand	<input type="checkbox"/> Included
• Severely disabled ID	<input type="checkbox"/> Presented	<input type="checkbox"/> Copy included
• Pension fund documents construction/painting	<input type="checkbox"/> At hand	<input type="checkbox"/> Included

Declaration by the employee:

I affirm that the above information is correct. I undertake to inform my employer without delay of any changes, in particular with regard to further employment (in respect of type, duration and remuneration).

Date

Employee signature

Date

Employer signature

Date

For minor signature of
legal guardian