

Personnel questionnaire for workers with mini jobs or short-term employment (employee is to leave grey fields blank)

Company:

Employee name		Personnel number				
		n für das DATEV-Lohnabrechnungsprogramm. Zur bogen von dem Arbeitgeber / der lohnabrechnenden				
Personal data						
Surname, maiden name as applicable		Given name				
Maiden name as applicable		Date of birth				
Street and house number (incl. additional information)		Post code, city				
Insurance number (as per social secur	ity card)	Gender				
Place of birth		Country of birth				
Nationality		Employee number, pension fund – construction				
Severely disabled	Yes No					
Bank account number (IBAN) Cash payment		Sort code/bank ID (BIC)				
Employment						
Date employment contract begins	First day	Place of employment				
Description of profession		Job performed				
secondary educat	t of A levels in UK) university	Professional training Yes No				
Holiday entitlement (calendar year)	Weekly/daily working hours	Employed in construction industry since				
Cost centre	Department number	Person group				
Status at beginning of empl	ovment					
Employee	School pupil	University applicant				
Employee on parental leave	Unqualified	Military/social service				
Unemployed	Self-employed	Other:				
Civil servant	Student					
Housewife/househusband	Social welfare recipie	ent				

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Taxes – Information as per income tax card									
Official Municipality/community key	Tax office number			Id	Identification number				
Tax class/factor	Number of exempt for children	•		29	2% flat tax		☐ Yes ☐ No		
Social insurance									
Health insurance State	State Private Name of state/private insurer								
Accident insurance risk tariff	nt 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)) Refuse pension-insurance option Exercise pension-insurance option (waive pension-insurance exemption)									
Compensation Description	Amount		Valid from	Hourb	y wage		Valid from		
Description	Amount		valiu ITOITI	Hourry	y waye		Valid ITOTT		
Description	Amount Va		Valid from	Hourly wage			Valid from		
Capital-forming benefits (VWL) – only required if contract is at hand									
Recipient An		Amour	Amount		Employer share (monthly amount)		share (monthly		
		Since			Contract number				
Bank account number (IBAN) Sor			ort 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			
			Mini job Non-mini job employment Short-term employment Mini job						
			Non-mini job employment Short-term employment						
Is the legal income border adhered to, if all monthly income is added up? (Note for employer: verify social security evaluation)									

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Employee nam	ne.			Perso	onnel number
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Employment do	cuments				
Employment contr	act		At hand		Included
 Income tax card/n employer(s) 	umber of days employed at previous	No	. of days em	nployed	Included
Social insurance ID			Presented		Copy included
Application for exemption from pension insurance			At hand		Included
Certificate of private health insurance			At hand		Included
Capital-forming benefits (VWL) contract			At hand		Included
School/university certificate			At hand		Included
Severely disabled	ID		Presented		Copy included
Pension fund documents construction/painting			At hand		Included
	e employee: ve information is correct. I undertake ar with regard to further employment				
Date	Employee signature		Date	Emplo	yer signature
Date	For minor signature of legal guardian				

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