# Personnel questionnaire

for workers with mini jobs or short-term employment

(employee is to leave grey fields blank)

# **Company:**

# Employee name

This personnel questionnaire is used to pre-record personnel data for the DATEV payroll accounting program. In order to maintain the retention period, the completed personnel questionnaire is stored by the employer/the payroll accounting office.

#### Personal data Surname, maiden name as applicable Given name Street and house number (incl. additional information) Post code, city Date of birth Gender male diverse female undetermined Insurance number (as per social security card) Place, country of birth – only if without insurance number Severely disabled Yes No Nationality Employee number, pension fund – construction Bank account number (IBAN)

### Employment

Entry date First da		First day	Place of employment		
Description of profession		Job performed			
Highest level of education	Volkschule/Haupt of secondary edu No school leaving Abitur /Fachabitu levels in UK) School leaving ce equivalent unknown	certificate r (equivalent of A	Highest level of profest training	sional	<ul> <li>no vocational training</li> <li>Officially recognised</li> <li>vocational training</li> <li>Master craftsman/technican/similar degree</li> <li>Bachelor´s degree</li> <li>Diploma/graduate degree/Master´s degree/state eximination certificate</li> <li>PhD</li> <li>Unknown</li> </ul>
Holiday entitlement (calendar year) Weekly working ho		urs	Employed i	n construction industry since	
Cost centre Department number		er	Person group		

**KANZLEI HOLZINGER** STEUERBERATER • RECHTSANWÄLTIN

PARTNERSCHAFT

Personnel number

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# **Company:**

Emp	loyee	name	

If applicable, distribution of weekly working hours	Monday	Tuesday
Wednesday	Thursday	Friday
Saturday	Sunday	

Sta	Status at beginning of employment					
	Employee		School pupil		University applicant	
	Employee on parental leave		Unqualified		Military/social service	
	Unemployed		Self-employed		Other:	
	Civil servant		Student			
	Housewife/househusband		Social welfare recipient			

# **Temporary employment**

Type of fixed-term contract	Written conclusion of a fixed-term	Employment contract fixed until:
<ul> <li>Fixed term</li> <li>Permanent</li> <li>Fixed-term ending on completion of assignment</li> </ul>	employment contract Fixed term employment is planned for at least two months, with prospects of further employment	Employment contract concluded on:

#### Taxes – Information as per income tax card

Identification number	Blanket allowance 2,00 %		Identification number	
Tax class/factor	Number of exemptions for children	Denomination	Burden shifted to employee	Yes No

## **Social insurance**

Health insurance	State	Private	Name of state/private insurer
Accident insurance risk ta	nriff		DEÜV-status          0 - no specification         1 - spouse / cohabitant / descendant         2 - managing partner ( GmbH)
For workers with mini Employees option for the the accumulation of pens acc. to § 6 sec. 1 b Germ VI)	exemption from insurance (	Insurance exem	nption in the statutory pension insurance

# **KANZLEI HOLZINGER**

STEUERBERATER • RECHTSANWÄLTIN PARTNERSCHAFT

# Personnel number

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# **Company:**

STEUERBERATER • RECHTSANWÄLTIN PARTNERSCHAFT

# Employee name

Personnel number

Domunovation

Remuneration				
Description	Amount	Valid from	Hourly wage	Valid from
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
		Mini job Non-mini job employment Short-term employment	
		Mini job Non-mini job employment Short-term employment	

# **Electronical acceptance of certificates (Bea)**

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

### 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