

EMPLOYEES

(fields with a grey background are to be filled in by the employer)

COMPANY NAME _____

NAME OF THE EMPLOYEE

PERSONNEL NUMBER:

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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 male female
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)	Sort code/bank ID (BIC)

EMPLOYMENT

Date employment contract begins	First day	Place of employment
Description of profession	Job performed	
Highest level of education No school leaving certificate Haupt-/Volksschulabschluss (completion of secondary education) School leaving certificate or equivalent Abitur/Fachabitur (equivalent of A levels in UK)	Highest level of professional training No vocational training Officially recognised vocational training Master craftsman/technician/equivalent degree Bachelor's degree Diploma/graduate degree/master's degree/state examination certificate PhD	
Date apprenticeship begins	Planned date apprenticeship ends	Employed in construction industry since
Weekly/daily working hours	full time part time	Holiday entitlement (calendar year)
Cost centre	Department number	Person group

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TERMS OF EMPLOYMENT

The term of employment is fixed	Written conclusion of a fixed-term employment contract
The term of employment is fixed for a purpose	Fixed-term employment is planned for at least two months, with prospects of further employment
Employment contract fixed until	Employment contract concluded on

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).

TAXES - INFORMATION AS PER INCOME TAX CARD

Official Municipality/community key	Tax office number	Identification number
Tax class/factor	Number of exemptions for children	Confession

SOCIAL INSURANCE

State insurer	Legislated state insurer evaluation Health insurance Pension insurance Retirement insurance Nursing care insurance
State insurer number	Accident insurance risk tariff
Parenthood yes no	DEÜV-Status

COMPENSATION

Description	Amount	Valid for	Hourly wage	Valid from
Description	Amount	Valid for	Hourly wage	Valid from
Description	Amount	Valid for	Hourly wage	Valid from

CAPITAL-FORMING BENEFITS (VWL)

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

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EMPLOYMENT DOCUMENTS

Employment contract	At hand	Private health insurance certificate	At hand
Income tax card/written confirmation of income tax	At hand	Capital-forming benefits (VWL) contract	At hand
Social insurance ID	At hand	Company retirement provision contract	At hand
Private insurance membership certificate	At hand	Declaration of earning for previous employment	At hand
Proof of parenthood	At hand	For evaluation of insurance exemption regarding health insurance	At hand
Severely disabled ID	At hand		
Pension fund documents construction/painting	At hand		

INFORMATION OF TAXABLE PREVIOUS EMPLOYMENT PERIODS IN THE CURRENT CALENDAR YEAR (THESE ARE TIME PERIODS OF EMPLOYMENT ACCOUNTED FOR ON THE INCOME TAX CARD)

Time period from	Time period to	Type of employment	Number of employment days

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 For minor signature of legal guardian

DATE Employer signature