# Personnel questionnaire

for workers with mini jobs or short-term employment

(employee is to leave grey fields blank)



Company:

## Employee name

# Personnel number

This personnel questionnaire is used to collect personal data for the DATEV payroll accounting program. The completed personnel questionnaire is stored by the employer/the payroll accounting office to ensure that the retention period is observed.

#### Personal data

Surname, maiden name as applicable		Given name	
Street and house number (incl. additional information	ו)	Post code, city	
Date of birth		Gender	male diverse female undetermined
Insurance number (as per social security card)			
Place, country of birth		Severely disabled	Yes No
Nationality		Employee number, pe	nsion fund – construction
Bank account number (IBAN)	Cash payment	Sort code/bank ID (B)	(C)

#### Employment

Date employme	ent contract begins	First day	Place of emp	loyment
Description of profession		Job performed		
	secondary educat			TYes
Education Abitur (equivalent of A levels in UK)		Professional training No		
	University degree			
Holiday entitlement (calendar year) Weekly/daily working hours		Employed in construction industry sinc		
Cost centre		Department number		Person group

## 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	

The fields marked in green are minimum information without which processing is not possible.

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

Official Municipality/community key	Tax office number		Identification number	
	Number of exemptions for children	Denomination	2% flat tax	Yes No

### Social insurance

Health insurance	State	Private	Name of state/private insurer
Accident insurance risk ta	riff		DEÜV-status
For workers with mini j option for increasing pens payments (§ 5, para. 2, n Security Code (SGB VI))	ion insurance		-insurance option n-insurance option (waive pension-insurance exemption)

## Compensation

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
		<ul> <li>Mini job</li> <li>Non-mini job employment</li> <li>Short-term employment</li> </ul>	
		Mini job     Non-mini job employment     Short-term employment	

### Do the monthly wages sum up to more than EUR 538?

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(Note for employer: verify social security evaluation)

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### **Employment documents**

Employment contract	At hand	Included
<ul> <li>Income tax card/number of days employed at previous employer(s)</li> </ul>	No. of days employed	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

#### 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