

Personnel questionnaire

for workers with mini jobs or short-term employment

(employee is to leave grey fields blank)



GRT Giehle Revision und Treuhand GmbH
Wirtschaftsprüfungsgesellschaft
Steuerberatungsgesellschaft

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"/> female <input type="checkbox"/> diverse <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)	

Employment

Entry date	First day	Place of employment
Description of profession		Job performed
Highest level of education <input type="checkbox"/> Volkshule/Hauptschule (completion of secondary education) <input type="checkbox"/> No school leaving certificate <input type="checkbox"/> Abitur /Fachabitur (equivalent of A levels in UK) <input type="checkbox"/> School leaving certificate or equivalent <input type="checkbox"/> unknown		Highest level of professional training <input type="checkbox"/> no vocational training <input type="checkbox"/> Officially recognised <input type="checkbox"/> vocational training <input type="checkbox"/> Master craftsman/technician/similar degree <input type="checkbox"/> Bachelor´s degree <input type="checkbox"/> Diploma/graduate degree/Master´s degree/state examination certificate <input type="checkbox"/> PhD <input type="checkbox"/> Unknown
Holiday entitlement (calendar year)	Weekly working hours	Employed in construction industry since
Cost centre	Department number	Person group

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

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	

Temporary employment

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

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Taxes – Information as per income tax card

Identification number	Blanket allowance <input type="checkbox"/> 2,00 % <input type="checkbox"/> 20,00 %	Identification number
Tax class/factor	Number of exemptions for children	Denomination
		Burden shifted to employee <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 <input type="checkbox"/> 0 - no specification <input type="checkbox"/> 1 - spouse / cohabitant / descendant <input type="checkbox"/> 2 - managing partner (GmbH)

For workers with mini jobs only:

Employees option for the exemption from the accumulation of pension insurance (acc. to § 6 sec. 1 b German Social Code VI)

Insurance exemption in the statutory pension insurance

Remuneration

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	

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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**