

Hinweis: Diese Übersetzung dient als Hilfe zum Verständnis der Inhalte der deutschen Vorlage und ist kein offizielles Dokument.
Please note that the English translation only serves the purpose of providing information on the contents of the corresponding German text. Only the German version of this document is legally binding. Please complete and sign the German version.

Verständnishilfe für LfF-Vorlage VNA704# Stand 12/2021

Personnel Data Sheet

for student assistants, research assistants and interns


The information in the personnel data sheet is required in order to calculate salary payments correctly. Please complete the entire form carefully in order to avoid any legal disadvantages.


For employees at	Office number of office responsible for staff	Reference number (if known)

I. Personal details (to be completed by the employee)

Surname	Given name	Birth name (if applicable)	Citizenship
Date of birth (DD.MM.YYYY)	Place of birth	Country of birth ¹⁾	Civil status
Post code, town/city		Street, number	
Office telephone number (optional)		Home telephone number (optional, useful to speed up the processing of further questions)	

Bank details:

IBAN DE  Bank details in Germany always 22 digits, other countries 15 to max. 34 digits

BIC 

Bank _____

Children

The Federal Employment Agency's family benefits office (*Familienkasse der Bundesagentur für Arbeit*) is responsible for paying you child benefit (*Kindergeld*). Therefore please address all requests for and questions about child benefit exclusively to the family benefits office.

Your employer requires the details on children for the correct assessment of remuneration components and social security contributions that are based on children or child benefit claims. Once you have informed your employer of a given child, data on child benefit for this child are exchanged with the family benefits office, so that you do not need to inform your employer or the *Landesamt für Finanzen* (state finance office) of any changes to benefit claims for that child. To do so, please complete form A710 completely and submit it together with your child(ren)'s birth certificate(s)


II. Remuneration (to be completed by the office responsible for staff)

Employed from	Position	Fixed monthly compensation
Employed at office / authority / department (If it is known, the VIVA number or name for the area or sub-area in which the employee is employed may also be entered)		Office number of the place of employment
Additional notes		

¹ "Country of birth" only needs to be completed if individuals who have not yet been allocated a German social security number commence a position subject to statutory insurance contributions for the first time.

Please do not affix documentation with a stapler, paper clip or glue.

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III. Social security and occupational pension scheme (to be completed by the employee)		
German social security number (if you don't have a German social security number, please specify your country of birth)		
		
1. Health insurance (must be completed in full in order to get health insurance coverage and access to electronic doctor's certificates confirming inability to work (<i>Arbeitsunfähigkeitsbescheinigung</i>))		
a)	I have statutory health insurance. <input type="checkbox"/> no <input type="checkbox"/> yes, with the following status:	
	<input type="checkbox"/> Compulsory membership (<i>Pflichtversicherung</i>) based on a main employment	<input type="checkbox"/> Voluntary membership (<i>freiwillige Versicherung</i>)
	<input type="checkbox"/> Family insurance (<i>Familienversicherung</i>)	
	I do not have statutory health insurance and have the following health insurance status:	
	<input type="checkbox"/> No health insurance	<input type="checkbox"/> Private health insurance (please submit proof)
b)	Name and address of statutory or private health insurance provider: (Please note: If you are obliged to have statutory health insurance, you need to select an insurance provider. If you don't, the right to choose will be exerted by your employer in accordance with Section 175 of the fifth book of the German Social Code (<i>SGB V</i> .)	
2. Further employment		
	Are you in any other employment? <input type="checkbox"/> Yes. <input type="checkbox"/> No.	
	Are you in short-term or low-income employment (<i>geringfügige Beschäftigung</i>) in accordance with Section 8 of the <i>SGB IV</i> (4 th book of the German Social Security Code)? <input type="checkbox"/> No. <input type="checkbox"/> Yes, because the employment is short-term. <input type="checkbox"/> Yes, because the employment is low-income.	
3. The form for the "Determination whether there is an obligation to make statutory pension insurance contributions" ("<i>Feststellung der Versicherungspflicht</i>")...		
	<input type="checkbox"/> ... is enclosed. <input type="checkbox"/> ... will be submitted at a later date. Private pension scheme (e.g. the "<i>Riester-Rente</i>" scheme) <input type="checkbox"/> I have one or more contracts for a " <i>Riester-Rente</i> " pension scheme (If this option was selected: The payroll office will only send me the additional form " <i>Einwilligung zur Übermittlung und Verwendung von Daten zum Zwecke der steuerlichen Förderung der privaten Altersvorsorge</i> " WordSB Z600 (data collection form and consent form for data transmission and processing concerning data for the purpose of granting tax advantages for private old-age provision) if I am exempt from the obligation to make statutory pension insurance contributions.)	
4. Second degree (only to be completed by research assistants)		
	Are you enrolled in a second degree (not a doctoral degree) program? <input type="checkbox"/> Yes, the enrollment certificate is enclosed. <input type="checkbox"/> Yes, the enrollment certificate will be submitted at a later date. <input type="checkbox"/> No.	
	Name of the university (if applicable)	Degree program
		Duration of the degree program
5. Are you a parent or guardian? (additional contributions for those who do not have children pursuant to Section 55 (3) of the 11th book of the German Social Code – <i>SGB XI</i>)		
	<input type="checkbox"/> Yes. (Please provide proof.)	
	<input type="checkbox"/> No.	

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IV. Occupation and Qualifications (to be completed by the employee)	
- Statistics for work administration (Section 28c of the 4th book of the German Social Code – <i>SGB IV</i>)	
6. Job title (please give the exact title as listed in the catalog of job titles issued by the Federal Employment Agency; in the case of apprenticeships, internships, placements etc., please state the job title you hope to obtain after completing your apprenticeship or internship)	Key
	Key is entered by payroll office
7. Highest school leaving qualification	
<input type="checkbox"/> 1 No qualification	
<input type="checkbox"/> 2 <i>Haupt-/Volksschulabschluss</i> (basic school leaving certificate)	
<input type="checkbox"/> 3 <i>Mittlere Reife</i> (German secondary school leaving certificate) or equivalent	
<input type="checkbox"/> 4 <i>Abitur/Fachabitur</i> (German secondary school leaving certificate that serves as (subject-specific) university entrance qualification)	
<input type="checkbox"/> 9 Unknown	
8. Highest vocational training qualification	
<input type="checkbox"/> 1 No vocational training	
<input type="checkbox"/> 2 Completed recognized vocational education and training program	
<input type="checkbox"/> 3 Qualified as a <i>Meister</i> (master craftsman) or qualified <i>Techniker</i> (trained technician), or equivalent qualifications from a vocational college	
<input type="checkbox"/> 4 Bachelor's degree	
<input type="checkbox"/> 5 German <i>Diplom</i> degree / German <i>Magister</i> degree / Master's degree / state examination	
<input type="checkbox"/> 6 Doctorate	
<input type="checkbox"/> 9 Unknown	
9. Type of contract	
<input type="checkbox"/> 1 Full-time, permanent	
<input type="checkbox"/> 2 Part-time, permanent	
<input type="checkbox"/> 3 Full-time, temporary	
<input type="checkbox"/> 4 Part-time, temporary	

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V. Deduction of income tax (to be completed by the employee)

Information required for income tax purposes (*Lohnsteuerabzugsmerkmale*) has been managed using an electronic procedure (*ELStAM*) ever since this procedure was introduced to replace the income tax card (*Lohnsteuerkarte*) on January 1, 2013. Information required for income tax purposes is retrieved automatically from the tax office.

Please make sure to provide the following information for this purpose:

My tax ID number (*Steueridentifikationsnummer*) is: _____

This employment is

- my main employment (tax classes I to V)
- a secondary employment (tax class VI)

A tax allowance pursuant to Section 39a (1) sentence 1 number 7 of the German Income Tax Act (*EStG*) of _____ euros should be taken into consideration when calculating tax for the secondary employment.²

VI. Declaration on payment method

I am aware that

- the *Landesamt für Finanzen* (state finance office) may reverse any incorrect payments in full or in part up until the last bank working day before the date on which payment is due, even if they have already been credited to my account
- I may not use the payments until the date on which payment is due
- I am always obliged to pay back any overpayments if I am aware that there is no valid reason for the payment

I hereby give my consent for the payroll office to withdraw any incorrect payments in full or in part (e.g. after dismissal, after being granted unpaid leave, after the period for which sick pay is to be paid has ended) from my account if a reversal is not possible; I may withdraw this consent at any time. I am responsible for the costs incurred if I make unjustified claims for the reversal of debits from my account.

Information on data processing and rights concerning data processing is available online at www.lff.bayern.de/ds-info or alternatively from our data protection hotline 0931 4504-6770.
 [Translators' note: This website and the documents that can be found there are only available in German. Your personnel department or welcome center may have an English version.]

Employer		Employee	
The above information matches the personnel records and/or is hereby confirmed.		I hereby confirm that the above information is correct.	
Place	Date (DD.MM.YYYY)	Place	Date (DD.MM.YYYY)
Stamp	Signature	Signature	

²Section 39a Tax allowance and additional amount for income tax purposes (excerpt)

(1) If so requested by an employee liable to pay full income tax contributions, the tax office calculates the total amount of tax allowance to be deducted from remuneration based on the total of the following amounts: (...)

7. an amount for second or further employment up to a total of the annual taxable income pursuant to Section 39b (2) sentence (5), rounded down to the nearest euro, up to the amount for which the employee is exempt from income tax according to the employee's income tax class for the first employment. This is subject to the condition that

- a) the annual remuneration from the first employment is less than the amount on which sentence 1 is based and
- b) an amount is added to the remuneration for the first employment equivalent to the amount for the second or any further employment (additional amount for income tax purposes).

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