

Personnel questionnaire

for workers with mini jobs or short-term employment

(employee is to leave grey fields blank)



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

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	
Maiden name as applicable		Date of birth	
Street and house number (incl. additional information)		Post code, city	
Insurance number (as per social security card)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Diverse <input type="checkbox"/> Female <input type="checkbox"/> Undetermined	
Place of birth		Country of birth	
Nationality		Employee number, pension fund – construction	
Severely disabled <input type="checkbox"/> Yes <input type="checkbox"/> No			
Bank account number (IBAN) <input type="checkbox"/> Cash payment		Sort code/bank ID (BIC)	

Employment

Date employment contract begins	First day	Place of employment	
Description of profession		Job performed	
Education <input type="checkbox"/> Volkshule/Hauptschule (completion of secondary education) <input type="checkbox"/> Abitur (equivalent of A levels in UK) <input type="checkbox"/> Technical school/university <input type="checkbox"/> University degree		Professional training <input type="checkbox"/> Yes <input type="checkbox"/> No	
Holiday entitlement (calendar year)	Weekly/daily working hours	Employed in construction industry since	
Cost centre	Department number	Person group	

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	

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Taxes – Information as per income tax card

Official Municipality/community key	Tax office number	Identification number	
Tax class/factor	Number of exemptions for children	Denomination	2% flat tax <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
For workers with mini jobs only: option for increasing pension insurance payments (§ 5, para. 2, no. 2 Social Security Code (SGB VI))	<input type="checkbox"/> Refuse pension-insurance option <input type="checkbox"/> Exercise pension-insurance option (waive pension-insurance exemption)

Compensation

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	

Is the legal income border adhered to, if all monthly income is added up?

(Note for employer: verify social security evaluation)

Yes No

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Employment documents

• Employment contract	<input type="checkbox"/> At hand	<input type="checkbox"/> Included
• Income tax card/number of days employed at previous employer(s)	No. of days employed	<input type="checkbox"/> Included
• Social insurance ID	<input type="checkbox"/> Presented	<input type="checkbox"/> Copy included
• Application for exemption from pension insurance	<input type="checkbox"/> At hand	<input type="checkbox"/> Included
• Certificate of private health insurance	<input type="checkbox"/> At hand	<input type="checkbox"/> Included
• Capital-forming benefits (VWL) contract	<input type="checkbox"/> At hand	<input type="checkbox"/> Included
• School/university certificate	<input type="checkbox"/> At hand	<input type="checkbox"/> Included
• Severely disabled ID	<input type="checkbox"/> Presented	<input type="checkbox"/> Copy included
• Pension fund documents construction/painting	<input type="checkbox"/> At hand	<input type="checkbox"/> 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