July 2014

**Personnel Record for Student and Academic Assistants**

**1. Personal Details**

**Name:** **First name:** **Birth name:**

Portrait

Photograph

**DOB:** **POB:**

**Marital status:       Denomination:**

**Nationality:       Denominatione:**

**Address:**

**E-mail:       Telephone:**

**Tax identification number:**

[**Shall**](http://de.pons.eu/englisch-deutsch/Shall)[**the**](http://de.pons.eu/englisch-deutsch/the)[**occupation**](http://de.pons.eu/englisch-deutsch/occupation)[**be**](http://de.pons.eu/englisch-deutsch/be)[**the**](http://de.pons.eu/englisch-deutsch/the)[**main**](http://de.pons.eu/englisch-deutsch/main)[**occupation**](http://de.pons.eu/englisch-deutsch/occupation)[**at**](http://de.pons.eu/englisch-deutsch/at)[**the**](http://de.pons.eu/englisch-deutsch/the)[**University**](http://de.pons.eu/englisch-deutsch/University)[**of**](http://de.pons.eu/englisch-deutsch/of)[**Göttingen**](http://de.pons.eu/englisch-deutsch/G%C3%B6ttingen)[**in**](http://de.pons.eu/englisch-deutsch/in)[**terms**](http://de.pons.eu/englisch-deutsch/terms)[**of**](http://de.pons.eu/englisch-deutsch/of)[**taxes**](http://de.pons.eu/englisch-deutsch/taxes)**?** [ ]  yes [ ]  no

**Are you disabled or on a par with the disabled?** [ ]  yes [ ]  no

 **If yes,** please submit an attested photocopy of your disability status document.

**2. Banking Connection**

**Name and seat of bank:**

**IBAN:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**In case of foreign banking connection: SWIFT/BIC:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**3. Employment Record**

**Day of final university exam:**

**Previous/current public service employment(s)** *(including University of Göttingen)*

**[ ]  no** **[ ]  yes**

from  until  as  with

 from  until  as  with

**For junior civil servants:** Payroll office: Landesamt für Bezüge und Versorgung in

 **Personnel-Nr.:** **/ Reference number:**

**4. Children**

**Name, first name and DOB of children:** Please submit copy/copies of birth certificate(s)

 **1.**  **DOB:**

 **2.** **DOB:**

Name of childcare allowance recipient:

Childcare allowance paying authority:  Childcare allowance-Nr.:

**5. Signed Employee Statement**

**I certify that the above information is complete and correct. I am aware that it is my obligation to send a written notification of any changes of the above record to the case officer in charge at the Central University Administration, Dept. of Human Resources Administration and Development, 5/7 Goßlerstraße, 37073 Göttingen – especially in case of termination of my studies due to withdrawal, or in case of a temporary interruption of my studies due to a leave of absence. I am aware that my employment can be terminated without notice should I have made deliberately false statements. I am also aware that I may not commence work prior to conclusion of the employment contract.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Place, Date** |  | **Employee’s signature** |
|  |  |  |
|  |  |  |

**Obligatory Personal Documents**

**[x]  attached**

**[x]** **[x]  will be submitted**

**[x]  [x]  [x]  has already been submitted (re-entry)**

**[ ]** [ ]  [ ]  Portrait photograph

**[ ]** [ ]  [ ]  Copy of notification concerning tax identification number

**[ ]** [ ]  [ ]  Printed form: “Statement allowing assessment of duty to make social security contributions”

**[ ]** [ ]  [ ]  If married: copy of marriage certificate

**[ ]** [ ]  [ ]  Copy of children’s birth certificates

**Additional documents to be submitted by student assistants:**

**[ ]** [ ]  [ ]  Matriculation certificate for the current semester

**[ ]** [ ]  [ ]  Certificate of membership in a statutory health insurance scheme or certificate of membership in a private health insurance scheme

**[ ]** [ ]  [ ]  Attested copy of B.S. or B.A. exam certificate

**Additional documents to be submitted by academic assistants:**

**[ ]** [ ]  [ ]  Attested copy of final university exam certificate and diploma certificate, resp. preliminary certificate of graduation (issued by Office of Exams)

**[ ]** [ ]  [ ]  Matriculation certificate (post-graduate studies)

**[ ]** [ ]  [ ]  Certificate of membership in a statutory health insurance scheme or certificate of membership in a private health insurance scheme

**To be submitted by foreign employees only:**

**[ ]** [ ]  [ ]  Attested copy of valid residence certificate

**Additional documents to be submitted by junior civil servants (‘Referendare’):**

**[ ]** [ ]  [ ]  Notification concerning the day of commencement of service (copy of record of commitment)

**[ ]** [ ]  [ ]  Notification of employment as junior civil servant

**General Information Concerning Status Changes:**

**1.) Applications for employment, employment renewal and employment modification:** Processing in due time requires submittal of a complete set of the above mentioned documents, resp. later submittal within a short period of time. **Short-term** status changes need to be discussed in advance with the Human Resources Department case officer in charge.

**2.) Work must not be commenced** prior to submittal of the contract documents to the university institution **and** before the research assistant has signed the work contract. **This also applies to modifications of the number of working hours**. *(see circular note of Jan. 1st, 2005 - 52/509700-)*.

July 2014

**Statement Concerning Assessment of Duty to Make Social Security Contributions**

**Please note:**

This questionnaire is to assist the Human Resources Administration in the proper assessment of whether or not the duty to make social security contributions arises from your employment. Employers are required to make such assessments. You are **required by law** to submit the necessary statement and documents allowing such an assessment (§ 28 o SGB IV). In case the employee does not comply, or fully comply, with this requirement in due time, or fails to submit all the required documents in due time, he or she **commits an offence penalized with a fine** (§ 111 Abs. 1 Nr. 4 SGB IV). For further information concerning the details of this questionnaire, please see your case officer in charge at the Human Resources Administration.

**1. Personal details**

**Name:       First name:       Birth name:**

**DOB:       POB:**

**Address:**

**E-Mail:**

**2. Employment relation with Georg-August University Göttingen**

**2.1** The prospective employment relation begins on:  and will be terminated on:

 Name of institution:

**2.2** There exists a **secondary employment relationship within the University** respectively it has been applied for [ ]  **No** [ ]  **Yes**  Contract Period: from to

Name of this department in question:

**3. Status at time of commencement of employment, resp. contract renewal**

**Degree student** at a university or other institution serving the purpose of academic or professional qualification. (Please note **item 7, paragraph 2** of this form by all means!)

[ ]  University education not yet completed, intended degree:

 [ ]  Bachelor’s degree, intended advanced degree:

 [ ]  College degree/FH-Degree (‘Fachhochschulabschluss’), intended advanced degree:

**The current matriculation certificate is, by all means, to be submitted together with this form!**

**University graduate**

 [ ]  Completed university education in:

 [ ]  Bachelor’s degree, no other degree intended

 [ ]  College degree/FH-Degree (‘Fachhochschulabschluss’), no other degree intended

 [ ]  Matriculated for second degree; intended other degree:

 [ ]  Matriculated for second degree; no other advanced degree intended

**Attested copy of university exam certificate is, by all means, to be submitted together with this form!**

**4. Health insurance and retirement insurance number**

**4.1 Name and seat** of statutory **health insurance** company(compulsory for post-graduate assistants with a monthly salary of more than € 450.00), resp. a private **health insurance company**:

 **Certificate of membership** [ ]  attached [ ]  will be submitted in due time [ ]  has been submitted already

**4.2 Retirement insurance number:**

**5. Concurrent employments**

**Please note:**

The **employee’s obligation** to submit to the employer all necessary information comprises, above all, all information concerning concurrent **other employments** and previous employments with other employers. Should the “Deutsche Rentenversicherung Knappschaft-Bahn-See“ or another retirement insurance institute determine that an employee is in retrospect subject to social security contributions after his or her minor serial employments have been added up with all of his or her other (previous) employments, the Deutsche Rentenversicherung Knappschaft-Bahn-See or another retirement insurance institute will notify the employee of said fact, and the obligation to make social security contributions will become effective on the day of notification.

**5.1** In the present calendar year I have been working with other employers (including employments in university medical schools):

 [ ]  No

 [ ]  Yes, I have been exercising/exercised the following employments:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Commencement | Termination | Employer (name and address)  | Gross pay **per month**  | **Weekly**working hours |
| 1. |  |  |  |   |  |
| 2. |   |  |  |   |  |

I have another **low-income occupation**
**with another employer**, where I have applied for exemption from **the compulsory pension insurance**: [ ]  yes [ ]  no

**Earnings certificate(s)** if presently employed[ ]  attached [ ]  will be submitted in due time

Copy of **attestation** issued bysecond employer concerning

social security payment obligation/social security payment [ ]  attached [ ]  will be submitted in due time

exemption (e.g. DEÜV-notification concerning social security payment obligation)

**5.2** I am self-employed, resp. I work on a fee basis [ ]  yes [ ]  no

 Trade/Business:

**5.3** I am listed as **unemployed** in the Job Centre records**[ ]** yes **[ ]** no

**5.4** I draw **unemployment benefits** **[ ]** yes **[ ]** no

**Proof** of receipt of unemployment benefits[ ]  attached [ ]  will be submitted in due time

**6. Waiver of exemption from retirement insurance in case of minor employments**

The low-income employee (450 €-mini job) **can apply for exemption from the compulsory pension insurance** in writing, to be submitted to the employer. The form with more detailed explanation and advice on the exemption from the compulsory pension insurance is attached as an annex.

 [ ]  No, I do **not** want to be exempt from the compulsory pension insurance.

 [ ]  Yes, I will apply for exemption from the compulsory pension insurance with the attached form.

**7. Signed employee statement**

I hereby assure that the above information is truthful. I am aware that I am obliged to **immediately notify** the employer of all changes, especially the commencement of another employment.

I am aware of the fact that, **beginning on the day of my successful final university exam**, my employment is subject to social security contributions, and that I am obliged to immediately **notify in writing** the case officer in charge at the Central University Administration, Dept. of Human Resources, 5/7 Goßlerstraße, 37073 Göttingen of my final university exam (by way of an **attested copy of the diploma**).

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Place, Date** |  | **Employee’s signature** |

**(If you want to apply for being exempt from the compulsory statutory pension insurance, please return the completed form to:**

Abteilung (Department) 5 – Personaladministration (HR Administration)–

Ordnungsnummer(Order No.):\_\_\_\_\_\_\_\_ (as far as known)

Goßlerstraße 5/7, 37073 Göttingen

**Application for being exempt from the Compulsory Pension Insurance**

**Remarks on the possible consequences in case of being exempt from the compulsory pension insurance**

**General**

As per the 01/01/13, employees working for a marginal remuneration (450.00€ per month) are invariably subject to pay compulsory pension insurance. The employer pays a contribution amounting to 15% and the employee the difference of 3.9% of the overall pension insurance contribution (at present 18.9%).

In case the remuneration falls below the minimum contribution assessment ceiling of 175 Euro per month, the compulsory pension insurance contribution is to be calculated for 175 Euro. The employer’s contribution to the pension insurance (15%) must, however, be established based on the actual remuneration. In such a case, the employee pays the difference to the overall pension insurance contribution to be paid with his/her contribution share.

**Advantages of contributing to the pension insurance**

The advantages for the employee of being insured are reflected in acquiring compulsory contribution periods for the pension insurance. This means that the time of employment is fully taken into consideration for fulfilling the various waiting times (minimum insurance times). Compulsory contribution times are, for example, a prerequisite for:

* an earlier start of retirement,
* Claims for benefits regarding rehabilitation,
* a claim for transitional allowance in case of rehabilitation measures by the legal pension insurance,
* the reasoning or maintaining a claim for a pension due to a reduction in earnings,
* a claim to a deferred compensation towards an occupational pension provision and
* fulfilling the admission prerequisites for a private pension with government funding (e.g. „Riester-Rente“ (Riester Pension))

Beyond that the salary is not only taken into consideration in parts but in full when calculating the pension allowance.

**Consequences in case of being exempt from the compulsory pension insurance**

By being exempt from the compulsory pension insurance, you voluntarily renounce all the above mentioned advantages as an employee. In case of an exemption only the employer pays the flat rate contribution amounting to 15% of the salary. The employee’s contribution is here waived. The consequence being that the employee only acquires pro rata months for fulfilling the various waiting times and the achieved earned salary is only considered pro rate when calculating the pension.

**The Application for being exempt from the compulsory pension insurance contribution**

In case the compulsory pension contributions are not wanted, the employee has to complete the application form bellow for his employer. Should you, as an employee, work in several marginally paid employments, then the exemption can only be applied uniformly for all simultaneously carried out jobs. The exemption from the compulsory pension contributions is binding for the duration of the employment(s) and cannot be revoked!

The exemption from the pension insurance contribution applies invariably from the beginning of the calendar month upon being received by the employer, at the earliest upon start of work.

In case you have questions to the above, please contact the appropriate administrator in charge.

Your HR Department

**Employee’s Application Form**  (please note the aforementioned advice)

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Herewith I apply for being exempt from the compulsory pension insurance contributions and thereby renounce the acquisition of compulsory contribution times. I have read und understood the aforementioned remarks about the consequences of being exempt from the compulsory pension insurance contributions.

I am aware that the application for exemption applies to all marginally paid jobs that I carry out simultaneously and that it is binding for the duration of all jobs; it cannot be revoked. I am obliged to let all further employers for whom I carry out a marginally paid occupation know about this exemption application.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Place, Date Employee’s Signature

**To be completed by the HR Department:**

The application for exemption was received on the:

The exemption becomes effective as per:

 Date Employer’s Signature