

Personnel Record for Student and Academic Assistants

1. Personal Details

Name: First name: Birth name:
DOB: POB:
Marital status: Denomination:
Nationality: Denomination:
Address:
E-mail: Telephone:
Tax identification number:

For tax purposes, will the work at the University of Göttingen be the main source of income?

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:

Day of final doctorate:

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

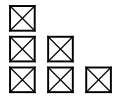
I certify that the above information is complete and correct. I am aware that it is my obligation to send a written notification of any changes of the above record to the case officer in charge at the Central University Administration, Dept. of Human Resources Administration and Development, 5/7 Goßlerstraße, 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

From the person to be put are the following documents:



Attached
To be submitted
Already submitted (re-entry)

- ☐ ☐ ☐ Pre-printed form: "Statement on Assessment of Compulsory Social Security Contributions"
- ☐ "Request for Exemption from Compulsory Pension Insurance" (only if desired)
- ☐ ☐ ☐ Copy of marriage certificate (if applicable)
- ☐ ☐ ☐ Copy of children's birth certificates (if applicable)

Additional documents to be submitted by student assistants:

- ☐ ☐ ☐ Matriculation certificate for the current semester
- ☐ ☐ ☐ Certificate of membership in a statutory health insurance or certificate of membership in a private health insurance
- ☐ ☐ ☐ Certified copy of B.S. or B.A. degree certificate (*or digital copy incl. verification code*)

Additional documents to be submitted by academic assistants:

- ☐ ☐ ☐ Certified copy of university degree or diploma certificate, resp. provisional certificate (issued by Examinations Office) (*or digital copy incl. verification code*)
- ☐ Pre-printed [form: "Additional Information on Concluding a Fixed-Term Employment Contract" \(Befristungsbogen\)](#) in duplicate
- ☐ [New hiring / re-entry:](#)
- ☐ [check list for the institution](#) regarding the advertising and hiring process -list of [applicants](#)-
- ☐ ☐ ☐ [Doctoral degree certificate](#) ([certified](#) copy)
- ☐ ☐ ☐ 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:

- ☐ ☐ ☐ Certified copy of valid residence permit incl. additional sheet (certified copy)

Additional documents to be submitted by junior civil servants ('Referendare'):

- ☐ ☐ ☐ Notification concerning the day of commencement of service (copy of commitment record)
- ☐ ☐ ☐ Notification of employment as junior civil servant

General Information on Requesting Status Changes:

- 1.) **Request for employment, employment renewal and employment modification:** Processing in due time requires submittal of a complete set of the above-mentioned documents or later near-term submittal. **Short-term** status changes need to be discussed in advance with the HR Department case officer in charge. Please observe the 4-weeks-deadline upon when making your request (please note the newsletter of the HR Department of November 2018.)
- 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 10 January 2005 - 52/509700-*).

Statement on Assessment of Compulsory Social Security Contributions

Please note:

This form is to assist Human Resources in the proper assessment of whether or not you are required to make social security contributions based on your employment. Employers are required to make such assessments. You are **required by law** to submit the necessary statement and documents allowing for such an assessment (§ 28 o SGB IV). If 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

Surname: First name: Birth name (if different):

Date of birth: Place of birth:

Primary residence (address):

Email:

2. Employment relation with the University of Göttingen

2.1 The prospective employment begins on (date): with an end date of:

Name of institution:

I plan to travel abroad for work: ☐ yes, date and destination: _____ ☐ no

2.2 Another **employment relationship within the University** exists or has been applied for

☐ yes ☐ no Period of employment: from _____ to _____

Name of the department/institute:

3. Status at time of commencement of employment / contract renewal

Degree-seeking student at a university or other institution serving the purpose of academic or professional qualification. (N:B: Please note **item 7, paragraph 2** of this form)

☐ University education not yet completed; intended degree:

☐ Bachelor's degree completed; intended advanced degree:

☐ College degree/FH-Degree ('Fachhochschulabschluss') completed; intended advanced degree:

The current matriculation certificate must be submitted together with this form!

University graduate

☐ Completed university education in:

☐ doctorate

☐ 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

Certified copy of university degree certificate must be submitted together with this form!

4. Health insurance and marginal employment

4.1 Name and address of statutory health insurance company or a private health insurance company:

Family insured ☐ yes ☐ no

Own membership ☐ yes ☐ no

Membership certificate ☐ is enclosed ☐ already exists from previous employment ☐ will be submitted later

Certificate of membership ☐ newly added ☐ from preemployment

4.2 Marginal employment is desired: yes no

Reason:

5. Concurrent employment

The **employee's obligation** to submit to the employer all necessary information comprises, above all, all information concerning **any other concurrent employment** and previous employment with other employers. Should the "Deutsche Rentenversicherung Knappschaft-Bahn-See" or another retirement insurance institute determine that an employee is 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 this 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 employment at the University Medical Center):

☐ No

☐ Yes, I have / have had the following employment:

	Start of employment	End of employment	Employer (name and address)	Gross pay per month	Weekly working hours
1.					
2.					
3.					

I have another **low-paying job with another employer**, where I have applied for exemption from the compulsory pension insurance:

☐ yes ☐ no

Earnings certificate(s) if presently employed

☐ attached

Copy of **attestation** issued by second employer concerning social security payment obligation/social security payment exemption (e.g. DEÜV-notification concerning social security payment obligation)

☐ attached

5.2 I am self-employed /I work on a fee basis
Type of trade/business:

☐ yes ☐ no

5.3 I receive compensation as an **instructor**
or for **volunteer work**

☐ yes, of (amount): _____
☐ no

5.4 I receive a **scholarship or grant**

☐ yes ☐ no

5.5 I am listed as **unemployed** in the Job Centre records

☐ yes ☐ no

5.6 I draw **unemployment benefits**

☐ yes ☐ no

Proof of receipt of unemployment benefits

☐ attached

6. Exemption from retirement insurance in case of low-paying employment

The low-income employee (450 €-mini job) **can apply for exemption from the compulsory pension insurance** by submitting a form to the employer. The form with more detailed explanation and advice on the exemption from the compulsory pension insurance is attached.

☐ 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 declare 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 further 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 **certified 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: Georg-August-Universität Göttingen, Abteilung Personaladministration und Personalentwicklung (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

Employees who work for a marginal wage are in principle subject to compulsory insurance and full contributions to the statutory pension insurance. The share of the pension insurance contribution to be paid by the employee amounts to 3.6 per cent of the salary. It is the difference between the employer's flat-rate contribution (15 per cent in the case of marginally paid employment in the commercial sector) and the full pension insurance contribution of 18.6 per cent. If the remuneration falls below the minimum contribution assessment basis of currently 175.00 euros per month, the compulsory pension insurance contribution of 175.00 euros must be calculated.

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

Note: Before an employee decides to be exempted from compulsory pension insurance, it is recommended that he/she obtains individual advice on the effects of the exemption under pension law from an information and advice centre of the German Pension Insurance.

The exemption from compulsory pension insurance generally takes effect from the beginning of the calendar month of receipt by the employer, at the earliest from the start of employment.

If you have any questions about this information, please contact your personnel officer.

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 the marginally-paid employment; 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