01/2015

Personnel Record for Student and Academic Assistants

1. Personal Details				
Name:	First name:	Birth name:		
DOB:	POB:			
Marital status:	Denomination:			
Nationality:	Denominatione:			
Address:				
E-mail:	Telephone:			
Tax identification number:				
For tax purposes, will the work at the	University of Göttingen the main so	urce of income?		
Are you disabled or on a par with the If yes, please submit an attested	disabled? photocopy of your disability status doc	☐ yes ☐ no cument.		
2. Banking Connection				
Name and seat of bank:				
IBAN:				
In case of foreign banking connection	n: 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 Versorgur	ng in		
Personnel-Nr.:	/ Reference number:			
4. Children				
Name, first name and DOB of children	n: Please submit copy/copies of birth co	ertificate(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

Obligatory Personal Documents

ownguitery .							
	attached will be submitted has already been submitted (re-entry)						
	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 docu	iments 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 docu	iments 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 with additional sheet						
Additional docu	ments to be submitted by junior civil servants ('Referendare'):						
	Notification concerning the day of commencement of service (copy of record of commitment)						

General Information Concerning Status Changes:

Notification of employment as junior civil servant

- 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-).

01/2015

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). 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				
Name:		First name:	Birth name:		
Date of birth:		Place of birth:			
Add	dress:				
E-n	nail:				
2.	Employment relation with Georg-	August University Göt	tingen		
2.1	The prospective employment begin	s on:	and will be terminated on:		
	Name of institution:				
22	A secondary employment relation	ashin within the Univer	sity has been applied for		
2.2	□ No □ Yes Contract Per	-	to		
	Name of the department in question				
_					
3.	Status at time of commencement	or employment / contr	act renewal		
	gree student at a university or otherB: Please note item 7, paragraph 2		ourpose of academic or professional qualification.		
	☐ University education not yet co	mpleted; intended degre	e:		
	☐ Bachelor's degree completed; intended advanced degree:				
	☐ College degree/FH-Degree ('Fachhochschulabschluss') completed; intended advanced degree:				
The	current matriculation certific	ate must, be submitt	ed together with this form!		
<u>Un</u>	iversity graduate				
	☐ Completed university education	n in:			
	☐ Bachelor's degree, no other de	gree intended			
	☐ College degree/FH-Degree ('Fa	achhochschulabschluss'	, no other degree intended		
	☐ Matriculated for second degree	e; intended other degree:			
	☐ Matriculated for second degree	e; no other advanced deg	gree intended		
Attested copy of university exam certificate must be submitted together with this form!					
4.	Health insurance and retirement	insuranco numbor			
4.	Health insurance and retirement	insurance number			
4.1	Name and seat of statutory health	insurance company (c	ompulsory for <u>post-graduate assistants</u> with a		
	monthly salary of more than € 450.00), or a private health insurance company :				
	Certificate of membership a	attached	mitted in due time		

4.2 Retirement insurance number:

Please note: This is an unofficial translation provided for your convenience only and does not have any legal binding effects! Only the German version is legally binding!

5.	Concurrent employment							
The employee's obligation to submit to the employer all necessary information comprises, above all, all information concerning concurrent other 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 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 <u>other employers</u> (including employment in university medical schools):							
] No						
		Yes, I have been	exercising/exercise	ed the following emplo	yment:			
		Commencement	Termination	Employer (name and	d address)	Gross pay per month	Weekly working hours	
	1.							
	2.							
wit	h ar	another <mark>low-incom</mark> n <mark>other employer</mark> , v mpulsory pension	where I have applie	ed for exemption from	☐ yes	□ no		
Ea	rnin	gs certificate(s) if	presently employe	d	attached	☐ will be submitted	d in due time	
Copy of attestation issued by second employer concerning social security payment obligation/social security payment						d in due time		
5.2	.2 I am self-employed /I work on a fee basis Trade/business:			asis	☐ yes	no		
5.3	5.3 I am listed as unemployed in the Job Centre records			☐ yes	□ no			
5.4	5.4 I draw unemployment benefits				☐ yes	□ no		
Proof of receipt of unemployment benefits				☐ attached	☐ will be submitted in due time			
6.	'	Waiver of exempti	ion from retireme	nt insurance in case	of minor empl	oyments		
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

Please note: This is an unofficial translation provided for your convenience only and does not have any legal binding effects! Only the german version is legally binding!

(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.):

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 3.7% of the overall pension insurance contribution (at present 18.7%).

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 <u>cannot</u> 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:	DO	B:		
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		Em	ployee's Signature		
To be completed by	the HR Department:				
The application for e	exemption was received or	n the:			
The exemption beco	omes effective as per:				
			Date	Employer's Signature	