

Personal Data Sheet for determining details relating to salary

Important note pursuant to Article 16 para 3 of Bavaria's Data Protection Act (*BayDSG*):
The information requested in this personal data sheet is required in order to accurately determine the employee's salary.

Please fill out this sheet carefully and in full to avoid legal consequences.

For employees of

I. Personal data

Last name	First name	Maiden name (if applicable)	Nationality
Date of birth	Place of birth (city, country ¹)		Family status
Postal code, city		Street name and house number	
Telephone number: home and office (voluntary)		E-mail (voluntary)	
Account information			
(Name of bank):			
IBAN		BIC	
Children			
Please fill out the form " <i>Anlage Kinder</i> " [available in German only] (http://www.lff.bayern.de/formularcenter/arbeitnehmer/index.aspx#daten), and send this to <i>Landesfamilienkasse beim Landesamt für Finanzen, Postfach 100264, 95402 Bayreuth</i> together with a copy of each child's birth certificate. Please also provide evidence documenting schooling, vocational training, etc. for all children over the age of 18.			

II. Documented periods of employment in the public service

(previous employment periods under the terms of § 34 para 3 of *TV-L*)

from	to	as (position)	for (organization, etc.)	

Important note:

This does not include periods of leave under § 28 of *TV-L*, unless the employer submits a written request to the contrary.

- 1) "Country" should only be entered if you are a non-German from the European Economic Area being employed **for the first time** in a position for which social security is compulsory, and if you have not yet been issued a social security number.

**Do not submit-This translation is to be used as a guide for filling out the German original.
The University of Bayreuth is not liable for inaccuracies or mistakes in the English translation.
In case of doubt, the German originals are to be used in a court of law.**

III. Compulsory insurance and pension

	Employer's company number (if known)	Number on Social Security ID (<i>Sozialversicherungsausweis</i>)	
1	Health insurance		
a)	<input type="checkbox"/> I am not covered by a statutory health insurance provider <input type="checkbox"/> I am covered by the following statutory health insurance provider		
	AOK / Ersatzkasse / BKK / IKK / LKK, etc.	Address (street name and number, postal code, city)	
b)	<input type="checkbox"/> Health insurance confirmation (§ 175 para 2 of <i>SGB V</i>) is enclosed <input type="checkbox"/> Confirmation will be sent at a later date		
c)	<input type="checkbox"/> I am not engaged in secondary employment. <input type="checkbox"/> I am engaged in the following secondary employment		
	Employer, organization, branch	Address (street name and number, postal code, city)	
2	Pension insurance scheme		
	<input type="checkbox"/> I am exempt from the compulsory insurance scheme Name and address of professional organization (if applicable)		
3	Pension and temporary allowances		
	<input type="checkbox"/> I am not entitled to receive temporary allowances or a pension on the basis of rules or guidelines for military and public sector personnel. <input type="checkbox"/> I am entitled to the following		
	Type of allowance	Office responsible for determining pension/ allowances	
4	Pension from the pension insurance scheme		
	<input type="checkbox"/> To date, no pension has been granted or requested in the framework of the compulsory insurance scheme. <input type="checkbox"/> The following pension has been requested or granted:		
	Type of allowance	Pension provider	Pension number
5 a)	Pension from a supplementary provider		
	<input type="checkbox"/> No pension from the VBL or any other supplementary pension provider will be requested or granted <input type="checkbox"/> The following pension has been requested or granted:		
	Type of allowance	Provider	Pension number
b)	Supplementary insurance membership		
	<input type="checkbox"/> Up to now, I have not been enrolled in any supplementary insurance programme <input type="checkbox"/> I have been enrolled in the following programmes		
	from	to	Supplementary insurance provider
			Insurance number

6.	Are you a parent? (additional contribution for employees without children under the terms of § 55 para 3 of <i>SGB XI</i>)
	<input type="checkbox"/> yes (please provide evidence) <input type="checkbox"/> no

IV. Wage taxes and church taxes to be withheld
<p>The wage tax card was replaced by an electronic system (ELStAM) effective 01.01.2013. Information concerning wage taxes can now be accessed electronically.</p> <p>Please provide the following information. My Tax ID number (<i>Steueridentifikationsnummer</i>) is: My employment for the Free State of Bavaria is my</p> <p><input type="checkbox"/> primary employment <input type="checkbox"/> secondary employment</p> <p>When calculating taxes for the secondary employment, a tax-free allowance under the terms of § 39 a para 1 sentence 1 number 7 of <i>EStG</i> in the amount of € is to be included. ²⁾</p>

V. Statement concerning payment of salary
<p>I am aware that</p> <ul style="list-style-type: none"> • at any time up to my last day of work (or penultimate day of work if the last day falls on a Saturday), the Finance Office is authorized to debit any funds wrongly transferred to me directly from my account • I will not have access to my salary until the first day of salary payment • I am required to pay back any overpayment, even if I the legal basis is unknown to me. <p>If salary payments are transferred to me without a legal basis - especially after salary entitlement has ceased (e.g. following dismissal or during a period of unpaid leave) - I hereby permit the Finance Office to debit the amount from my account directly. If I am unwarranted in cancelling a debit, I will remain liable for the costs arising as a result of the cancellation.</p>

I hereby confirm the accuracy of the information I provided	
Place	Date
Signature	

2) § 39a EStG Tax-free allowance and additional amount (excerpt)
 (1) 1 At the request of an employer who is subject to income tax, the Finance Office will calculate the tax-free allowance to be subtracted from the salary by adding together the following figures:
 (...)
 7. An amount for a second or additional employment contract, rounded to the whole euro amount of the taxable amount for the year under the terms of § 39b para 2 sentence 5, up to the amount deemed wage-tax-free according to the employee's tax bracket established on the basis of the first employment contract.
 2 The conditions are as follows:
 a) the total earnings for the year from the first employment relationship must be less than the decisive initial amount as described in sentence 1 and
 b) there must also be an amount contributed on the basis of the first employment contract to match the amount contributed for the second or additional employment contract that is added to the earnings (additional amount).