

Please only enter the employee name and the changes

**Which employee is affected?**

Personnel number	Surname	First name
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**Employment**

Date of termination	Employed as	Cost center	Place of establishment
Weekly working hours	Number of working days per week	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	

**Salary**

Salary	Hourly wage	Notes
Euro	Euro	
Additional pay	One-time payment	Name of additional pay/one-time payment
Euro	Euro	

**Status of employment**

<input type="checkbox"/> Mini-Job up to 450 Euro per month (In addition please fill out P6002)	<input type="checkbox"/> Low wage income of 450.01 Euro up to 850 Euro per month (In addition please fill out P6003)
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**Address**

Street	Number	Postal code	City
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**Bank information**

Name and place of bank	IBAN	Alternate account holder
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**Health insurance**

Name of health insurance	Postal code	City
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**Tax information**

Tax-ID (11 digits)	Tax class	confession employee	confession spouse
Child allowance	Allowance monthly	Allowance yearly	Factor

**Private used company car**

Gross list price	Kilometers between place of residence and place of work (one Way)	Monthly own contribution employee
Euro	Kilometers	Euro

**Sick pay and maternity**

Start of sick pay by health insurance	Expected date of birth (Maternity)	Real date of birth (Maternity)
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**Company pension scheme (please enclose contract documents)**

<input type="checkbox"/> Direct insurance <input type="checkbox"/> Pension fund <input type="checkbox"/> Relief fund <input type="checkbox"/> Capital-forming-investments(VWL)	Monthly total fee	ER contribution	EE contribution
	Euro	Euro	Euro

The change(s) will apply from

\_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_  
Date, Signature/Stamp Employee