

ATTENTION, please remember you are required to record your working time and fill out time sheets accordingly!

Personal details

Form P6000 must also be filled out

Surname, first name		Date of birth	
Street, Number		Postal code, City	
Name and place of health insurance <input type="checkbox"/> Voluntarily insured <input type="checkbox"/> Family insured <input type="checkbox"/> Statutorily insured. <input type="checkbox"/> Private		Social security number	
		Tax-ID	
Employed as	Start of employment	Date of termination (if terminated)	

Status at the start of this employment

- | | |
|---|---|
| <input type="checkbox"/> Student __ school class; | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> My studies are expected to end on _____ | <input type="checkbox"/> Employee on unpaid Leave |
| <input type="checkbox"/> Graduated with intention for vocational training | <input type="checkbox"/> Employee |
| <input type="checkbox"/> Student, studies expected to end on _____ | <input type="checkbox"/> Pensioner; Type of pension _____ |
| <input type="checkbox"/> Employed only during the holidays? | <input type="checkbox"/> Old age pensioner before reaching the statutory retirement age |
| <input type="checkbox"/> es <input type="checkbox"/> o | <input type="checkbox"/> Old age pensioner after reaching the statutory retirement age |
| <input type="checkbox"/> Seeking Work / Training | <input type="checkbox"/> Employee on parental leave |
| <input type="checkbox"/> Federal voluntary service /Conscripts | <input type="checkbox"/> Civil Servant |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Apprentice |
| | <input type="checkbox"/> Self-employed |

Information about other employments

<input type="checkbox"/> The employee has no other employments <input type="checkbox"/> The employee has other employments					
from	to	<input type="checkbox"/> Minijob <input type="checkbox"/> No Minijob	<input type="checkbox"/> With contribution to pension insurance <input type="checkbox"/> Without contribution to pension insurance	Salary Minijob	Employer (optional)
from	to	<input type="checkbox"/> Minijob <input type="checkbox"/> No Minijob	<input type="checkbox"/> With contribution to pension insurance <input type="checkbox"/> Without contribution to pension insurance	Salary Minijob	Employer (optional)

Exemption from the pension insurance

No, I do not want to be exempted from pension insurance. The employer deducts the employee's contribution to the pension system from the salary and forwards them to the mini-job-center.

Yes, I hereby apply for exemption from mandatory enrollment in the pension system as part of my Minijob and thus renounce the accrual of time in the pension insurance. I have read and understand the "Leaflet regarding the possible consequences of an exemption from the mandatory pension insurance".

I am aware that application for exemption applies to all active concurrent Minijobs and is binding for the duration of my employment; it is not possible to revert this decision. I agree to inform all other employers where I work as a Minijobber about this request for exemption.

I declare that the above mentioned information is true and correct. I agree to inform my employer immediately about any changes, especially of additional activities.

_____ Place, Date

_____ Signature employee