

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 520 Euro per month (In addition please fill out P6002)	<input type="checkbox"/> Low wage income of 520.01 Euro up to 1600 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