## P6002 V 2023.1

## 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  ☐ Voluntarily insured ☐ Statutorily insured. ☐ Family insured ☐ Private				Social security number			
				Tax-ID			
Employed as			Start of employment Da		Date of termination (if term	ate of termination (if terminated)	
Status at the	start of this	employment					
□Studentschool class;				☐ Unemployed			
☐My studies are expected to end on				☐ Employee on unpaid Leave			
☐Graduated with intention for vocational training				☐ Employee	☐ Employee		
☐Student, studies expected to end on				☐ Pensioner; Type of pension			
□Employed only during the holidays?				☐ Old age pensioner before reaching the statutory retirement age			
□Yes □No				$\ \square$ Old age pensioner after reaching the statutory retirement age			
☐Seeking Work / Training				☐ Employee on parental leave			
☐ Federal voluntary service /Conscripts				☐ Civil Servant			
Other:				☐ Apprentice			
				☐ Self-employed			
Information	about other	employments					
☐ The en	nployee has r	no other employments	nts				
from	om to Minijob With contri			to pension insurance on to pension insuranc	Salary Minijob	Employer (optional)	
from	to	☐ Minijob☐ No Minijob		to pension insurance on to pension insuranc	Salary Minijob	Employer (optional)	
Exemption fi	rom the pens	sion insurance			,		
		e exempted from pe em to the mini-job-		nployer deducts the er	nployee's contribution to the	e pension system from the	
in the pension ins employmen exemption.	pension insuurance".I am t; it is not pos	rance. I have read aware that applica ssible to revert this	and understand the "Lection for exemption applied decision. I agree to infor	aflet regarding the poses to all active concurrer all other employers	sible consequences of an eart Minijobs and is binding where I work as a Minijobb	er about this request for	
I declare that additional a		mentioned informat	ion is true and correct. I	agree to inform my en	nployer immediately about a	any changes, especially of	
Place, Date					Signature employee		