

Hinweis: Diese Übersetzung dient als Hilfe zum Verständnis der Inhalte der deutschen Vorlage [Anmerkung TUM: wird von der Personalabteilung zusammen mit den Vertragsunterlagen erstellt] und ist kein offizielles Dokument.

Please note that the English translation only serves the purpose of providing information on the contents of the corresponding German text. Only the German version of this document is legally binding. Please complete and sign the German version [Note TUM: is created by the HR department together with the contract documents].

Verständnishilfe für LfF-Vorlage VNA702# Stand 12/2022

Personnel Data Sheet for calculating salary payments

The information in the personnel data sheet is required in order to calculate salary payments correctly. Please complete the entire form carefully in order to avoid any legal disadvantages.

For employees at	Number of office responsible for staff	Reference number (if known)
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I. Personal details: (to be completed by the employee)

Surname	Given name	Birth name (if applicable)	Citizenship
Date of birth (DD.MM.YYYY)	Place of birth	Country of birth ¹	Civil status
Post code, town/city	Street, number		
Office phone number (optional)	Home phone number (optional)		

Bank details:

IBAN DE

Bank details in **Germany always 22 digits**, other countries 15 to max. 34 digits

BIC

Bank

Children

The Federal Employment Agency's family benefits office (*Familienkasse der Bundesagentur für Arbeit*) is responsible for paying you child benefit (*Kindergeld*). Therefore please address all requests for and questions about child benefit exclusively to the family benefits office.

Your employer requires the details on children for the correct assessment of remuneration components and social security contributions that are based on children or child benefit claims. Once you have informed your employer of a given child, data on child benefit for this child is exchanged with the family benefits office, so that you do not need to inform your employer or the *Landesamt für Finanzen* (state finance office) of any changes to benefit claims for that child.

I confirm that the information given about children on this form is correct. I commit to informing the *Landesamt für Finanzen* of any of the following changes immediately:

- Change in recipient of child benefit for at least one child.
- New children (newly born babies or children joining the family) must be registered with the *Landesamt für Finanzen* using form A710 to enable correct payments.

I hereby consent to the *Landesamt für Finanzen* (state finance office) and the family benefits office (*Familienkasse*) exchanging data on child benefit claims for the purpose of correctly assessing the remuneration components for which I am eligible.

¹'Country of birth' only has to be completed when employees who have not yet been allocated a German social security number commence a position subject to statutory insurance contributions for the **first time**.

Notes:

The Landesamt für Finanzen (state finance office) does not need to be notified of changes to child benefit claims (ending, restarting etc.), as they are notified of these by the competent family benefits office. It is therefore only necessary to inform the Landesamt für Finanzen of any given child(ren) once. The Landesamt für Finanzen must be informed immediately of changes of the recipient of child benefit using form A710, so that the information on the child benefit claims for the time after the change can be amended. If the Landesamt für Finanzen is not notified, payment of the remuneration components that are based on existing child benefit claims will be stopped once the change takes effect.

Details of children (please submit a <u>copy of their birth certificate(s)</u>)			
Surname (if different)	Given name	Date of birth	Legal relationship (child) ¹

Please note: If you have more than six children, please use form A710 for the remaining children.

Details of child benefit recipient			
Child(ren)'s name(s) (given name and surname)			Child benefit number (Kindergeldnummer)
Surname, given name (of the recipient of child benefit)	Date of birth (DD.MM.YYYY)	Legal relationship (child) ¹	
Name of competent family benefits office		Address of family benefits office	

Child(ren)'s name(s) (given name and surname)			Child benefit number (Kindergeldnummer)
Surname, given name (of the recipient of child benefit)	Date of birth (DD.MM.YYYY)	Legal relationship (child) ¹	
Name of competent family benefits office		Address of family benefits office	

Please note: If more than two individuals are entitled to child benefit, please complete form A710 for the remaining individuals with a child benefit entitlement.

¹ Please enter as appropriate from the following list: Child is first-degree relation / Child of spouse / Foster child / Sibling of previously registered child(ren) / Child of civil life partner / Child of former partner / Grandchild

Part II: Remuneration (to be completed by the office responsible for staff)

Employed from	Position	Pay grade			
Employed at office / authority / department (If it is known, the VIVA number or VIVA name for the area or sub-area in which the employee is employed may also be entered)		Number of place of employment			
<input type="checkbox"/> The contract is permanent		<input type="checkbox"/> The contract is temporary			
Allocation to specific level (Section 16 (2) sentences 2 to 4 of the collective bargaining agreement <i>TV-L</i> and declarations recorded with respect to Section 16 (2))					
<input type="checkbox"/> Yes (see additional sheet)-					
<input type="checkbox"/> No					
Factors determining pay grade (remuneration table according to <i>TV-L</i>)					
Part	Section, sub-section	Pay grade	Case group	Special regulations for pay grade levels (see key)	
Key for special regulations for pay grade levels One of the following numbers should be entered to show whether and which special regulations apply: 10 no special regulations apply 11 pay grade 2, no level 6 12 pay grade 3, no level 6 21 pay grade 4, no level 6 23 pay grades 11,13,14,15, level 2 after two years in level 1, level 3 after five years in level 2 30 <i>TV-L SuE</i> : Level 3 after three years in level 2, level 4 after four years in level 3 31 <i>TV-L SuE</i> : Pay grade S8B, level 5 after six years in level 4, level 6 after eight years in level 5 32 <i>TV-L SuE</i> : Pay grades S4 and S8B, no levels 5 and 6					
Pay grade determined according to previous legislation (<i>BAT/MTArb</i>) (<i>Bundes-Angestelltentarifvertrag</i> (federal collective agreement for public employees – <i>BAT</i>) / <i>Manteltarifvertrag für Arbeiterinnen und Arbeiter des Bundes und der Länder</i> (collective bargaining agreement for federal and state public employees – <i>MTArb</i>))					
<ul style="list-style-type: none"> for salaries for workers who are on-call if employees are entitled to an additional allowance for being a <i>Meister</i> (master craftsman), <i>Techniker</i> (employees working in specified technical areas) or programmer 					
Collective agreement on which pay grade is based		Pay grade			
<i>BAT Anlage 1a</i> (Annex 1a of the <i>BAT</i> (old agreement)) / <i>BAT Anlage 1b</i> (Annex 1b of the <i>BAT</i> (old agreement)) / <i>MTArb</i> (old agreement)					
Allowances					
No.	Type of allowance	Amount	No.	Type of allowance	Amount
1.			3.		
2.			4.		
Please include official confirmation of allowances granted if applicable.					

Part III: Periods of employment in public service

(To be completed by the office responsible for staff for the duration of employment in public service according to Section 34 (3) of the Collective Bargaining Agreement for the Public Service of the States (TV-L))

From	Until	Position	Employer

Part IV: Social security and occupational pension scheme
(to be completed by the employee)

Social security number according to social security card (please enter country of birth if you do not have a social security number)

1. Health insurance

(must be completed in full in order to get health insurance coverage and access to electronic doctor's certificates confirming inability to work (*Arbeitsunfähigkeitsbescheinigung*)) [Translator's note: There is a mistake in the German version; we have translated the corrected version as confirmed by the *LfF*.]

a)	I have statutory health insurance. <input type="checkbox"/> no <input type="checkbox"/> yes, with the following status:		
	<input type="checkbox"/> Compulsory membership (<i>Pflichtversicherung</i>) based on a main employment	<input type="checkbox"/> Voluntary membership (<i>freiwillige Versicherung</i>)	<input type="checkbox"/> Family insurance (<i>Familienversicherung</i>)
	I do not have statutory health insurance and have the following insurance status:		
	<input type="checkbox"/> No health insurance	<input type="checkbox"/> Private health insurance	
	Name and address of statutory or private health insurance provider:		
(Please note: If you are obliged to have statutory health insurance, you need to select an insurance provider. If you do not, the right to choose will be exerted by your employer in accordance with Section 175 of the fifth book of the German Social Code (<i>SGB V</i>).)			
b)	<input type="checkbox"/> I am not in any other employment		
	<input type="checkbox"/> I am also employed as follows:		
	Employer, office, place of employment	Address (street, post code, town/city)	

2.	Pension insurance
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2.	<p>Pension insurance</p> <p><input type="checkbox"/> I am exempt from the obligation to make statutory pension insurance contributions.</p> <p>You can only be exempted from the obligation to make statutory pension insurance contributions on the basis of being insured in an occupational pension scheme if a notice of exemption for this new employment has been obtained from the <i>Deutsche Rentenversicherung</i> (state pension provider) and this is submitted to the payroll office (<i>Bezügestelle</i>).</p> <p>In addition, valid confirmation of insurance in the occupational pension scheme has to be submitted.</p> <p><input type="checkbox"/> Valid confirmation of exemption is attached.</p> <p><input type="checkbox"/> I will provide confirmation of exemption at a later date.</p> <p><input type="checkbox"/> Confirmation of insurance in an occupational pension scheme is attached.</p> <p><input type="checkbox"/> I will provide confirmation of insurance in an occupational pension scheme at a later date.</p> <p>Private pension scheme (e.g. <i>Riester-Rente</i>)</p> <p><input type="checkbox"/> I have one or more contracts for a <i>Riester-Rente</i> pension scheme.</p> <p>(If this option was selected: the payroll office will only send me the additional form '<i>Einwilligung zur Übermittlung und Verwendung von Daten zum Zwecke der steuerlichen Förderung der privaten Altersvorsorge</i>' WordSB Z600 (data collection form and consent form for data transmission and processing concerning data for the purpose of granting tax advantages for private pension schemes) if I am exempt from the obligation to make statutory pension insurance contributions.)</p>
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3. Pension/benefits for public servants or temporary financial support			
<input type="checkbox"/> I am not entitled to <i>Versorgung</i> (pension/benefits for public servants or soldiers) or <i>Übergangsgebührrnisse</i> (temporary financial support for having served temporarily in the armed forces).			
<input type="checkbox"/> I am entitled to the following benefits:			
Type of benefits		Body responsible for determining pension / benefits	
4. Pension from statutory pension insurance			
<input type="checkbox"/> I do not receive / have not applied for a state pension.			
<input type="checkbox"/> I receive / have applied for the following pension:			
Type of entitlement		Pension insurance provider	
<input type="checkbox"/> Pension number			
<input type="checkbox"/>			
5. Pension from supplemental pension insurance scheme			
a) <input type="checkbox"/> I do not receive and have not applied for a pension from the Pension Institution of the Federal and State Governments (<i>Versorgungsanstalt des Bundes und der Länder – VBL</i>) or any other supplemental pension provider.			
<input type="checkbox"/> I receive / have applied for the following pension:			
Type of entitlement		Insurance provider	
<input type="checkbox"/> Pension number			
b) Membership in a supplemental pension insurance scheme e.g., <i>VBL</i> or <i>Zusatzversorgungskasse der bayerischen Gemeinden</i> (supplemental pension insurance scheme for Bavarian municipalities – <i>ZVK</i>)			
<input type="checkbox"/> I have <u>not been</u> a member of a supplemental pension insurance scheme to date.			
<input type="checkbox"/> I have already been a member of the <u>following</u> supplemental pension insurance scheme:			
From		Until	
		Supplemental pension insurance provider	
<input type="checkbox"/> Insurance number			
<input type="checkbox"/>			
6. Are you a parent or guardian? (additional contributions for those who do not have children pursuant to Section 55 (3) of the 11th book of the German Social Code (<i>SGB XI</i>))			
<input type="checkbox"/> Yes (please provide proof). *)			
<input type="checkbox"/> No.			
*) The following may be used as proof: For biological and adoptive parents <ul style="list-style-type: none"> ▪ Birth certificate, international birth certificate ▪ Certificate of descent (<i>Abstammungsurkunde</i>) ▪ Excerpt from the registry office's register of births ▪ Excerpt from the family record book ▪ Certificate of life (<i>Steuerliche Lebensbescheinigung</i>) from the registration office ▪ Certificate of recognition of paternity and court order confirming paternity ▪ Adoption certificate ▪ Confirmation of child benefit (<i>Kindergeld</i>) ▪ Bank statement showing that child benefit has been paid ▪ Confirmation of parental allowance (<i>Erziehungsgeld</i>) ▪ Confirmation of receipt of maternity allowance ▪ Proof of taking parental leave according to the Federal Law on Child Benefits (<i>BerzGG</i>) ▪ Tax bill (showing child tax allowance) ▪ Child's death certificate ▪ Confirmation of entitlement from a pension insurance provider showing consideration of periods spent caring for children 			

For step-parents

- Marriage certificate or civil partnership certificate and confirmation of registration with the registration office or another authority responsible for recording civil status showing that the child is or was registered as living in the same household as the step-father or step-mother
- Confirmation of entitlement from a pension insurance provider showing consideration of periods spent caring for children
- Tax bill (showing child tax allowance)
- Income tax card (showing child tax allowance)

For foster parents

- Confirmation of registration with the registration office or another authority responsible for recording civil status and proof from the youth welfare office of full-time fostering according to Section 27 in connection with Section 33 of the 8th book of the German Social Code (*SGB VIII*)
- Confirmation of entitlement from a pension insurance provider showing consideration of periods spent caring for children
- Tax bill (showing child tax allowance)

Information on employment and training

(to be completed by the employee)

- Statistic details for employment authorities (Section 28 c of the 4th book of the German Social Code (*SGB IV*))

7. **Job title** (please give the exact title as listed in the catalogue of job titles issued by the Federal Employment Agency; in the case of apprenticeships, internships, placements etc., please state the job title for the position you hope to obtain after completing your apprenticeship or internship)

		Key
		Key will be entered by payroll office

8. **Highest school leaving qualifications**

<input type="checkbox"/> 1 No qualifications
<input type="checkbox"/> 2 <i>Haupt-/Vollschulabschluss</i> (basic school leaving certificate)
<input type="checkbox"/> 3 <i>Mittlere Reife</i> (German secondary school leaving certificate) or equivalent
<input type="checkbox"/> 4 <i>Abitur / Fachabitur</i> (German secondary school leaving certificate that serves as (subject-specific) university entrance qualification)
<input type="checkbox"/> 9 Unknown

9. **Highest vocational training**

<input type="checkbox"/> 1 No vocational training
<input type="checkbox"/> 2 Completed recognized vocational education and training (VET) program
<input type="checkbox"/> 3 Qualified as a <i>Meister</i> (master craftsman) or <i>Techniker</i> (trained technician), or equivalent qualifications from a vocational college
<input type="checkbox"/> 4 Bachelor's degree
<input type="checkbox"/> 5 German <i>Diplom</i> degree / German <i>Magister</i> degree / Master's degree/state examination
<input type="checkbox"/> 6 Doctoral degree
<input type="checkbox"/> 9 Unknown

10. **Type of contract**

<input type="checkbox"/> 1 Full-time, permanent
<input type="checkbox"/> 2 Part-time, permanent
<input type="checkbox"/> 3 Full-time, temporary
<input type="checkbox"/> 4 Part-time, temporary

Part V. Deduction of income tax (must be completed!)

(to be completed by the employee)

Information required for income tax purposes (*Lohnsteuerabzugsmerkmale*) has been managed using an electronic procedure (*ELStAM*) ever since this procedure was introduced to replace the income tax card (*Lohnsteuerkarte*) on January 1, 2013. Information required for income tax purposes is retrieved automatically from the tax office.

Please provide the following information for this purpose:

My tax ID number (*Steueridentifikationsnummer*) is:

This employment is

☐ my main employment (tax classes I to V)

☐ a secondary employment (tax class VI)

A tax allowance pursuant to Section 39a (1) sentence 1 number 7 of the German Income Tax Act (*EStG*) of EUR _____ should be taken into consideration when calculating tax for the secondary employment.²

Part VI Declaration on payment method

I am aware that

- the *Landesamt für Finanzen* (state finance office) may reverse any incorrect payments in full or in part up until the last bank working day before the date on which payment is due, even if they have already been credited to my account
- I may not use the payments until the date on which payment is due
- I am always obliged to pay back any overpayments if I am aware that an overpayment has been made without a valid reason.

I hereby give my consent for the payroll office to withdraw any incorrect payments in full or in part (e.g. after dismissal, after being granted unpaid leave, after the period for which sick pay is to be paid has ended) from my account if a reversal is not possible; I may withdraw this consent at any time. I am responsible for the costs incurred if I make unjustified claims for the reversal of debits from my account.

Information on data processing and rights concerning data processing is available online at www.lff.bayern.de/ds-info or alternatively from our data protection hotline +49 931 4504-6770.
[Translators' note: This website and the documents that can be found there are only available in German. Your personnel department or welcome center may have an English version.]

Employer		Employee	
The above information matches the personnel records and/or is hereby confirmed.		I hereby confirm that the above information is correct.	
Place	Date (DD.MM.YYYY)	Place	Date (DD.MM.YYYY)
Stamp	Signature	Signature	

² Section 39a Tax allowance and additional amount for income tax purposes (excerpt)

(1) If so requested by an employee liable to pay full income tax contributions, the tax office calculates the total amount of tax allowance to be deducted from remuneration based on the total of the following amounts: (...)

7. an amount for second or further employment up to a total of the annual taxable income pursuant to Section 39b (2) point (5), rounded down to the nearest euro, up to the amount for which the employee is exempt from income tax according to the employee's income tax class for the first employment. This is subject to the condition that

a) the annual remuneration from the first employment is less than the amount on which sentence 1 is based and

b) an amount is added to the remuneration for the first employment equivalent to the amount for the second or any further employment (additional amount for income tax purposes).

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