

Employment student/scientific assistant

Mrs. 🛛 Mr. 🗌 Diverse 🗌

PSE_HiWi_Datenblatt_EN_2024-03-13

Surname		First name	
Birth name		Place of birth	
Date of birth		Country of birth	
Nationality		Religion	
Marital status		Children	Description of the second seco
	Street,number		Street, number
Current address	Postal code, residence	2. address	Postal code, residence
Phone (private)		Mobile phone	
E-mail			

I herewith confirm that for the duration of my employment at the KIT I am not in a holiday semester and have not applied for any holiday semester.

There have been no changes to the last sheet (only in case of continued employment)

Please fill in only in case of changes and new employment

Bank	BIC						
IBAN:				Here ends the	22-digit Gern	nan IBAN	1 1
Social insurance number				None a	ssigned		
Health insurance company, address:							
statutory self-insured statutory family-insured							
 private health insurance (We always require a membership certific current date of issue. Should the contrational structures is the structure of the contrational structure of the struct		-				ith the	

membership certificate with current date of issue unsounlicited.)



Tax identification no.

Tax class:

Employment at KIT: Main employment

Part-time employment (if yes, please fill in information of other employment)

There have been no changes to the last sheet (only in case of continued employment)

Please fill in only in case of changes and new employment

Activities performed during the current calendar year as well as scholarships or activities performed parallel to the employment as student/scientific assistant at KIT (enclosures needed: copies of employment contracts, scholarship agreements and current salary slips)

(Please attach copies of employment contracts and pay slips monthly.)

Period (from/to)	Company address	Salary and working hours	The further employment is/was		
		e	Short term employed yes no Minor employed yes no Exemption from the obligation to pay pension insurance yes (please enclose a copy of the application from the other employer)		
			no		

If you are receiving a scholarship, please indicate this here (please attach proof).	
Duration of the scholarship:	
Amount of the scholarship:€	
Where do you get the scholarship (institution):	

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I am aware of the fact that I am obliged to immediately notify any modifications of the data given above (e.g. start of another employment, end of studies, etc.) and that I will have to return any payments made due to a failed, incorrect, or delayed notification.