Employment student/scientific assistant

Mrs. [x]  Mr. [ ]  Diverse [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |       |  | First name |       |
| Birth name |       |  | Place of birth |       |
| Date of birth |       |  | Country of birth |       |
| Nationality |       |  | Religion |       |
| Marital status |  |  | Children | [ ]  no[ ]  yes (please enclose certificate) |
| Current address | Street,number      |  | 2. address | Street, number      |
| Postal code, residence      |  | 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.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Bank details / Tax and social insurance data \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**[ ]  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**

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| **BIC** |   |   |   |   |   |   |   |   |   |   |   |

|  |  |
| --- | --- |
| **Bank** |       |

Here ends the 22-digit German IBAN

**IBAN:**

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| **Social insurance number** |   |   |   |   |   |   |   |   |   |   |   |   | [ ]  | None assigned |

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|  |  |
| --- | --- |
| **Health insurance company, address:** |       |

[ ]  statutory self-insured [ ]  statutory family-insured

[ ]  private health insurance
**(We always require a membership certificate from the private health insurance company with the current date of issue. Should the contract over the turn of the year, please send us a new membership certificate with current date of issue unsounlicited.)**

**Please note the 2nd page**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **Tax identification no.** |   |   |   |   |   |   |   |   |   |   |   |

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|  |  |

**Tax class:**

Employment at KIT: [ ]  Main employment [ ]  Part-time employment (if yes, please fill in information of

 other employment)

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* 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.*)

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|  |  |  |  |
| --- | --- | --- | --- |
| Period (from/to) | Company address | Salary and working hours | The further employment is/was |
|       |       |       €      h | Short term employed[ ]  yes[ ]  noMinor employed[ ]  yes[ ]  noExemption 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):**  |  |

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.

|  |  |
| --- | --- |
| U\_PSE\_PB\_HIWI\_xxxx | U\_PSE\_PB\_HIWI\_xxxx |
| Place, date | Signature |