Employment student/scientific assistant

Mrs.  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** |  |  |  |  |  |  |  |  |  |  |  |

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| **Bank** |  |

Here ends the 22-digit German IBAN

**IBAN:**

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| **Social insurance number** |  |  |  |  |  |  |  |  |  |  |  |  |  | None assigned |

U\_PSE\_PB\_HIWI\_26\_07\_2023

|  |  |
| --- | --- |
| **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  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):** | | | |  |

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 |