

## 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	<input type="checkbox"/> no <input type="checkbox"/> 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**

Bank \_\_\_\_\_ BIC

IBAN:  ▼ Here ends the 22-digit German IBAN

Social insurance number   None assigned

**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 unsolicited.)**

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.)*

Period (from/to)	Company address	Salary and working hours	The further employment is/was
		_____ €  _____ h	Short term employed <input type="checkbox"/> yes <input type="checkbox"/> no  Minor employed <input type="checkbox"/> yes <input type="checkbox"/> no  Exemption from the obligation to pay pension insurance <input type="checkbox"/> yes (please enclose a copy of the application from the other employer) <input type="checkbox"/> no

<b>If you are receiving a scholarship, please indicate this here (please attach proof).</b>	
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.

Place, date

Signature