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An das Landesamt für Finanzen  
 Dienststelle *Bayreuth*  
 Bezügestelle Besoldung

Eingang bei der Bezügestelle  
 (please leave this field blank for  
 the Revenue Office)

## Personal data sheet, civil servants (*Beamte*) for determining details relating to salary

### Important note pursuant to Article 16 para 3 of Bavaria's Data Protection Act (*BayDSG*):

The information requested in this personal data sheet is required in order to accurately determine the employee's salary.

Please fill out this sheet carefully and in full to avoid legal consequences.

Any gender-specific titles used in this sheet were chosen for the sake of readability – they apply to both men and women.

### I. Personal data (to be filled out by the employee)

Personnel number / *Personal-Nr.* (if known):

Last name	First name	Date of birth	Nationality
Maiden name (if applicable)	Place of birth	Pension insurance number / <i>Rentenversicherungsnummer</i> (if known)	
Postal code, city		Street name and house number	
Telephone number (voluntary):			
Place of employment:			

<b>1. Statement concerning payment of salary:</b>	
Please transfer my salary payments to the following account <sup>1</sup> :	
BIC	IBAN
Bank (please include address)	
<p>I am aware that</p> <ul style="list-style-type: none"> <li>• at any time up to my last day of work (or penultimate day of work if the last day falls on a Saturday), the Revenue Office is authorized to debit any funds inappropriately transferred to me directly from my account</li> <li>• my salary will be transferred on the last working day of the month (or the penultimate working day of the month if the last working day falls on a Saturday).</li> </ul> <p>If salary payments are transferred to me without a legal basis - especially after salary entitlement has ceased (e.g. following dismissal or during a period of unpaid leave) - I hereby grant the Finance Office permission to debit the amount from my account directly.</p>	
<b>2. Information relating to family allowance:</b>	
<input type="checkbox"/> I am single.	
<input type="checkbox"/> I am married / live with my life partner <sup>2</sup> / am divorced / my marriage or life partnership was annulled / my spouse is deceased / my life partner <sup>2</sup> is deceased.	
<b>Please fill out and submit an <i>FOS-Erklärung</i><sup>3</sup> (declaration form for family allowance, residence allowance, and social allowance).</b>	
<input type="checkbox"/> I am single / divorced / my marriage or life partnership <sup>2</sup> was annulled AND there is another person living in my place of residence (e.g. a child) or I financially support a child who lives elsewhere but with whom contact has not been suspended.	
<b>Please fill out and submit an <i>FO-Erklärung</i><sup>3</sup> (declaration form for family allowance and residence allowance).</b>	

<sup>1</sup> The account provided must be in your own name, or in your name and your spouse or life partner's name in case of a joint account. Your salary cannot be transferred to a savings account (*Sparkonto*).  
If the salary is transferred to an account outside the EU, the employee shall bear the costs and fees involved in the transfer as well as the costs for filing a report in accordance with § 59 of the Foreign Trade and Payments Ordinance (*Außenwirtschaftsverordnung*) (Article 18 sentence 2 of the Bavarian Remuneration Act [*Bayerisches Besoldungsgesetzes*]).

If salary payments are transferred to an account outside the EU, the employee shall bear the costs and fees involved in the transfer as well as the costs for filing a report in accordance with § 59 of the *Außenwirtschaftsverordnung* [Foreign Trade and Payments Ordinance] (Article 18 sentence 2 of the *Bayerischen Besoldungsgesetzes*).

<sup>2</sup> "Life partners" as laid down in the Life Partnership Act (*Lebenspartnerschaftsgesetz*).

<sup>3</sup> Forms are available on the web at [www.lff.bayern.de/formularcenter/besoldung/](http://www.lff.bayern.de/formularcenter/besoldung/) or from your human resources department.

- I have one or more children and
- I am applying for child benefits. The child benefits application  is enclosed  
 will be submitted at a later date
- I am not applying for child benefits because another authorized person already receives benefits for the child / children

**Please fill out and submit an *FOS-Erklärung*<sup>4</sup> (declaration form for family allowance, residence allowance, and social allowance).**

**3. Details for pay grade assignment and service anniversary dates.  
Please list time period(s) under item 6 of this data sheet.**

I have no previous training or employment history in the public service.

I was trained / employed in the public service (please enclose evidence documenting relevant training or employment).

I am being relocated within Bavaria from a different employer under the terms of the *BayBesG* with no interruption in my civil service status.  
Details concerning my previous employer:

**Please enclose your last salary statement.**

**4. Assignment to a higher pay grade at the pay grade of A9 / A10 (under the terms of Article 30 para 1 sentence 3 of the *BayBesG*)**

I am to be hired in a so-called *Fachlaufbahn mit fachlichem Schwerpunkt mit technischer Ausrichtung mit Vorbereitungsdienst* (Article 34 para 3 *Gesetz über die Leistungslaufbahn und die Fachlaufbahnen der bayerischen Beamten und Beamtinnen - LlbG*).

Evidence that my professional qualification (at a college of applied science [*Fachhochschule*] or in an equivalent programme) involved a standard period of study of more than six semesters

- is enclosed  
 will be submitted at a later date

<sup>4</sup> Forms are available on the web at [www.lff.bayern.de/formularcenter/besoldung/](http://www.lff.bayern.de/formularcenter/besoldung/) or from your human resource department.

**5. Periods of service to be considered for the purpose of setting a retroactive start date under the terms of Article 31 para 1 of the BayBesG:**

Progression to the next step within a given pay group is determined based on the date the employee joined the [public] service. (Article 30 para 2 sentence 1 & Article 47 para 2 sentence 1 BayBesG)

**Please list time period(s) under item 6 of this data sheet.**

<input type="checkbox"/>	<p>I am being hired</p> <p><input type="checkbox"/> as a quality assurance inspector (civil servant) at the pay grade A10 or</p> <p><input type="checkbox"/> as an instructor for technical/ industrial careers and my primary employment<sup>5</sup> prior to this was in the private sector.</p> <p>Is your employment as a civil servant conditional on receiving a craftsman's certificate?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p> <p>If so:</p> <p>Minimum employment experience required before taking the <i>Meister</i> examination:</p> <p style="padding-left: 40px;">years                      months</p>
<input type="checkbox"/>	I rendered military service or civilian service (voluntarily), federal volunteer service, humanitarian aid, volunteer work toward social causes, volunteer work toward environmental causes (please enclose evidence to document your work).
<input type="checkbox"/>	I spent a period of time on parental leave (please provide evidence) or devoted to childcare (please provide a description in writing).
<input type="checkbox"/>	I spent a period of time caring for a close relative (parent, parent-in-law, sibling, child, spouse, or life partner as set forth in § 1 of the Life Partnership Act [ <i>Lebenspartnerschaftsgesetzes</i> ]) who was deemed by medical professionals to be in need of care (please furnish evidence). <b>Please provide a detailed description of the circumstances.</b>
<input type="checkbox"/>	I have taken part in the selection process of the German armed forces under the terms of the <i>Eignungsübungsgesetz</i> (please enclose any certificates of military service).
<input type="checkbox"/>	I request that my previous periods of membership in the Federal German Government, the governments of the German states ( <i>Länder</i> ), in the Landtag of Bavaria, in law-making bodies in other German states, at the federal level, or at the EU level be considered for the purpose of setting a retroactive start date for my employment. <b>Please attach a statement of the position and the timeframe and a confirmation that you did not receive any financial settlement for the periods in office.</b>
<input type="checkbox"/>	I have submitted a request to my human resources office to have other relevant previous primary <sup>6</sup> employment (not listed above) considered as grounds for setting a retroactive start date (Article 31 para 2 BayBesG).  The request was submitted to my human resources department on                      7.

<sup>5</sup> "Primary employment" implies, among other things, that it was gainful employment which represented the focus of professional activity in the employee's life and which occupied a certain minimum amount of the employee's time.

<sup>6</sup> *idem*

<sup>7</sup> In order to be considered for assignment to a higher pay grade or for shortening the steps within a given pay grade, employees must submit a request. Any higher earnings that result from said request cannot take effect until the first of the month in which the request was submitted.

6. Professional history (see the annex <i>Instructions for listing professional history</i> )					
School education completed on:	from	to	Working hours per week <sup>8</sup>		
	day/ month / year	day / month / year	Full-time	Half-time or more	< half-time
after which followed:					

**Please provide evidence to document your professional history.**

If necessary, please attach a separate sheet or an additional copy of the table above.

<sup>8</sup> The information in these columns should only be provided for educational or employment history.

**7. Defined-contribution capital-forming payments:**

I request the deduction of a defined amount from my paycheck and the corresponding capital-forming payments to be made by the employer. My application for defined-contribution capital-forming payments (*vermögenswirksame Leistungen*) and a corresponding certificate from a financial institution

are enclosed.

will be submitted at a later date.

I do not request the deduction of a defined amount from my paycheck and the corresponding payments to be made by the employer.

**8. Wage taxes and church taxes to be withheld**

The wage tax card was replaced by an electronic system (ELStAM) effective 01.01.2013. Information concerning wage taxes can now be accessed electronically.

Please provide the following information:

My Tax ID number (*Steueridentifikationsnummer*) is:

My employment for the Free State of Bavaria is my

primary employment

secondary employment

When calculating taxes for the secondary employment, a tax-free allowance under the terms of § 39 a para 1 sentence 1 number 7 *ESTG* in the amount of € is to be included<sup>9</sup>.

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9 § 39a *ESTG* Tax-free allowance and additional amount (excerpt) (*Freibetrag und Hinzurechnungsbetrag*):

(1) 1 At the request of an employer who is subject to income tax, the Revenue Office will calculate the tax-free allowance to be subtracted from the salary by adding together the following figures:

(...)

7. An amount for a second or additional employment contract, rounded to the whole euro amount of the taxable amount for the year under the terms of § 39b para 2 sentence 5, up to the amount deemed wage-tax-free according to the employee's tax bracket established on the basis of the first employment contract.

<sup>2</sup> The conditions are as follows:

a) the total earnings for the year from the first employment relationship must be less than the initial amount that is decisive according to sentence 1 and

b) there must also be an amount contributed on the basis of the first employment contract to match the amount contributed for the second or additional employment contract that is added to the earnings (additional amount).

(...)

<b>9. Supplementary insurance</b>	
The State of Bavaria has set up a supplementary insurance policy <sup>10</sup> for me.	
<input type="checkbox"/> no	
<input type="checkbox"/> yes	
If so, by (name of office or agency that authorized the supplementary insurance)	
for the period of _____ to _____	
<b>10. Private retirement plan ("Riester" retirement arrangement)</b>	
<input type="checkbox"/>	Information concerning my retirement plan must be reported annually to the <i>Zentrale Zulagenstelle für Altersvermögen (ZfA)</i> to be considered for tax relief.
	<b>Please fill out and submit the form<sup>11</sup> <i>Einwilligung zur Übermittlung und Verwendung von Daten zum Zwecke der steuerlichen Förderung der privaten Altersvorsorge</i></b>
<b>11. Additional information:</b>	

I hereby solemnly confirm the accuracy of the information I provided.	
I will immediately report any changes to the information provided on this form to the responsible Revenue Office (department: <i>Besoldung</i> ) in writing.	
I am aware that I must pay back any amount that is unduly transferred to me on the basis of omissions, delays, or errors.	
Date of signature	Signature

<sup>10</sup> Pursuant to § 8 para 2 SGB VI, supplementary insurance is set up for persons who were exempt from the pension scheme whether as a civil servant or judge (tenured, fixed-term or probationary employment); as a professional soldier or a regular soldier; as a civil servant during a period of teaching practice; as an employee of a public entity, organization, foundation or a unit thereof (including a central organization or working group thereof); as a statutory member of a religious order, of the deaconesses, or of a similar order; as a teacher or childcare worker at a non-public school or institution, if their employment ended without claim or entitlement to benefits or they lost their claim to benefits and there are no grounds for suspending the payment of contributions (§ 184 para 2 SGB VI).

<sup>11</sup> Forms are available on the web at [www.lff.bayern.de/formularcenter/besoldung/](http://www.lff.bayern.de/formularcenter/besoldung/) or from your human resource department.

## Instructions for listing professional history - for your records -

This information will be used for your pay grade assignment and in determining your service anniversary dates.

Please enter the following information into the table:

Complete employment history **without omissions** following the completion of your school education (e.g. A-levels or high school).

Please provide **evidence** to document your employment, maternity leave, etc. wherever possible.

Remember to include **the exact date** (for both start date and end date).

**In addition, please note the following.**

### 1. Continuing education (type of education or training)

Please enter the type of education or training {e.g. programme of study (including major and minor), vocational school, trade school, doctoral studies}.

If there were any periods of child care or caring for a close relative, please list these separately (see items 5 and 6 of this instruction sheet).

### 2. Employment (type of employment) for (employer)

Please include the type of employment contract [e.g. fixed-term civil servant, regular soldier, employee, intern, etc.].

Please avoid abbreviations in the information regarding previous employers.

In the column *working hours per week*, please select:

Full time	if you worked full-time;
Half-time or more	if you worked at least half-time;
<half-time	if you worked less than half-time.

### 3. Periods of no employment (reasons)

If there were particular reasons for periods of no employment, please explain these under "additional information." Reasons may include: searching for employment/educational programme, a mandatory break (if commencement of the educational programme was only possible at a certain time);

If there were any periods of child care or caring for a close relative, please list these separately (see items 5 and 6 of this instruction sheet).

4. Socially relevant activities

These include military service, civilian service, federal volunteer service, humanitarian aid, volunteer work toward social causes, and volunteer work toward environmental causes.

Please include precise designation and evidence documenting your service.

In order to submit these periods of service for consideration, you must also indicate when you applied for the position in the public service and whether your subsequent hiring was based on this application.

5. Periods devoted to childcare (for [child], born on [date of birth])

Please include the last name, first name, and date of birth of the child for whom you were caring.

This includes childcare periods during which you were employed (parental leave, family leave) as well as any periods of childcare during which you were not employed.

Please provide evidence that childcare was your primary focus for any periods of childcare during which you were not employed (e.g. unemployment, period of study).

Please include evidence to document periods of parental leave or family leave.

6. Period spent caring for a close relative

Please include the last name, first name, and date of birth of the relative, as well as your relation to the person in question.

Please provide evidence that caring for a close relative was your primary focus for any periods during which you were not employed (e.g. unemployment, period of study).

7. Special cases: previous employment as a civil servant, judge, or regular soldier

Please provide / enclose:

- a copy of your first certificate of appointment or certificate of military service (for regular soldiers)
- documents displaying your pay rank at the time of appointment (not for training period)
- periods of time without claim to base salary (e.g. candidate period, leave of absence – please provide reason)
- leave of absence for official reasons
- leave of absence for culpable conduct
- payment date of [service] anniversary bonus

To be filled out by human resources department/ personnel administration

<b>II. Ergänzende Angaben der Personal verwaltenden Stelle<sup>12</sup></b> (von der Personal verwaltenden Stelle <b>vorab</b> auszufüllen)		
Familiennamen	Vorname	Geschäftszeichen
Ernennungszeitpunkt	Amtsbezeichnung	Besoldungsgruppe
Dienststelle		Haushaltsstelle (Kapitel, Titel, AOST)
Es liegt eine Versetzung, eine Übernahme oder ein Übertritt gem. Art. 30 Abs. 4 BayBesG aus dem Dienst eines öffentlich-rechtlichen Dienstherrn außerhalb des Geltungsbereichs des BayBesG (siehe Art. 1 Abs. 1 BayBesG) vor: <input type="checkbox"/> ja <input type="checkbox"/> nein		
Die Voraussetzungen für die erhöhte Anfangsstufe nach Art. 30 Abs. 1 Satz 3 BayBesG i.V.m. Art. 39 Abs. 1 LlbG liegen vor. <input type="checkbox"/> ja <input type="checkbox"/> nein		
Die grundsätzliche Voraussetzungen für die erhöhte Anfangsstufe nach Art. 30 Abs. 1 Satz 3 BayBesG i.V.m. Art. 34 Abs. 3 LlbG wegen Einstellung in eine Fachlaufbahn mit fachlichem Schwerpunkt mit technischer Ausrichtung mit eingerichteten Vorbereitungsdienst liegen vor (die Voraussetzung einer Regelstudienzeit von mehr als sechs Semestern wird von der Bezügestelle festgestellt). <input type="checkbox"/> ja <input type="checkbox"/> nein		
Ein Abdruck des Bescheides über die Feststellung sonstiger förderlicher hauptberuflicher Zeiten gem. Art. 31 Abs. 2 BayBesG		
<input type="checkbox"/> liegt bei.		
<input type="checkbox"/> wird nachgereicht.		
<input type="checkbox"/> Sonstige förderliche hauptberufliche Zeiten werden voraussichtlich nicht bescheinigt.		

<sup>12</sup> Bitte auf Seite 1 links oben auch die Adresse der zuständigen Bezügestelle für den künftigen Bezügestellungsbescheid ausfüllen.

To be filled out by human resources department/ personnel administration

Dienstliche Verwendung ab _____ als _____		
Dienstliche Verwendung (unter Hinweis auf Art. 31 Abs. 1 Nr. 1 BayBesG)		
<input type="checkbox"/> als technischer Gewerbeaufsichtsbeamter		
<input type="checkbox"/> als Fachlehrer für gewerblich-technische Berufe		
Ist eine ggf. abgelegte Meisterprüfung Voraussetzung für die Übernahme ins Beamtenverhältnis?		
<input type="checkbox"/> ja		
<input type="checkbox"/> nein		
Falls „ja“:		
Angabe der vorgeschriebenen Mindestdauer einer hauptberuflichen Tätigkeit die Zulassungsvoraussetzung für die Meisterprüfung war		
Jahre                      Monate		
<b>Zulagenberechtigende Verwendung ab _____ als _____</b>		
Rechtsgrundlage:		
<input type="checkbox"/> Keine Angaben.		
<b>Ggf. weitere erforderliche Angaben für die Festsetzung von Besoldungsbestandteilen (z.B. Zulagen/Vergütungen/Aufwandsentschädigungen):</b>		
<input type="checkbox"/> Keine Angaben.		
Die obigen Angaben stimmen mit dem Inhalt der Personalakte überein bzw. werden bestätigt.		
Adresse der Personal verwaltenden Stelle		Sachbearbeiter
		Telefonnummer
Datum	Stempel	Unterschrift (Personal verwaltende Stelle)