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Institute/ central office
name of professor / chair

Porst/Ritter (A1/A4/A6/Acquin)
Ulbrich/Schlee (A2/A3/BFM)
Siebenweiber (A5/Sport)
Hopf (UB/ITS/ZUV)

Finanzierung:
aus Drittmittelprojekt:
Projektname:
aus Haushaltsmitteln: (über das Dekanat)
Fakultätsmittel Studienzuschüsse
Tutorenmittel
Sach-/Lehrstuhlmittel Berufungsmittel
Sonstige Mittel:

AOST-Zusatz:

Kapitel: Titel: Kostenstelle:

Hiring of a student assistant (*studentische Hilfskraft*) at the University of Bayreuth

Last name:	<input type="text"/>	Maiden name:	<input type="text"/>
First name:	<input type="text"/>		
Enrolment No.:	<input type="text"/>	<input type="text"/>	Semester of study
Date of birth:	<input type="text"/>	Place of birth:	<input type="text"/>
Marriage status:	<input type="text"/>	Telephone:	<input type="text"/>
Nationality:	<input type="text"/>	E-mail:	<input type="text"/>
Address:	<input type="text"/>		

Contract period: from to

Hours per month: Wages: 19.75 39.5 50.00 79.00

- Tutor SHK 7.00 EUR/hour
- SHK 7.00 Euro/hour
- Tutor SHK with a bachelor's degree 9.00 EUR/hour
- SHK with a bachelor's degree 9.00 EUR/hour

Annex:

- Personal data sheet (2 copies)
 - Form for work-related medical assessment
 - Request for exemption from compulsory insurance (if applicable)
 - Statement upon being hired as a fixed-term employee
 - Questionnaire: Scientology/ loyalty to the constitution (Annex 1-4)
 - Confirmation of health insurance
 - Copy of social security ID
 - Copy of bachelor's diploma (if applicable)
- } *contract extension*
- } *new employees*

Foreign nationals must additionally submit:

- Copy of ID or passport
- Copy of residence permit and work permit (only required of non-EU citizens)
- Copy of confirmation from the address registration office

Please be advised that incomplete applications cannot be processed and will lead to delays in the payment of wages.

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Brief description of responsibilities:

The assistant has been informed that an offer of employment can only be made by the president or provost of the University of Bayreuth (or their deputies) upon receipt and review of all required documents. Additional agreements or assurances are only valid if they are made in writing by the president or provost of the the University of Bayreuth (or their deputies).

Statement concerning positions financed by third-party funds: No responsibilities, especially regular duties, beyond the scope of the third-party project shall be assigned to the employee, even if such activities are assigned on a temporary basis or to provide additional support.

I hereby confirm that I have assessed whether a work-related medical evaluation is necessary and will take the necessary steps.

For students in their first or second semester of study:

It is hereby confirmed that the student has adequately progressed in the course of studies required for this function and that he or she possesses a good understanding of the relevant subject area.

Bayreuth, den [date of signature]

Signature

Approval of the faculty:

Filling this position requires the approval of the faculty; the relevant faculty has provided its approval

yes

no

Bayreuth, den [date of signature]

(dean's signature)

To be filled out by the faculty administration:

Die Einstellung soll zu Lasten folgender

Haushaltsmittel bei Kap./Titel

erfolgen.

Bayreuth, den

(Unterschrift)

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Work-related medical evaluation form

Annex to the employment application

Important notice: please be sure to fill out and submit this annex with the employment application, as the hiring process cannot be completed without it.

This form is to be jointly filled out by the supervisor and employee and submitted in the original. Further details can be found in the *Merkblatt arbeitsmedizinische Vorsorgeuntersuchungen*. Please contact the Safety Officer at extension -2112 if you have any questions relating to this form. **Please note** that potential risks can be avoided and the scope of the required medical evaluation can be reduced on the basis of the hazard assessment.

Mr./Ms./Mrs. is to be employed starting
(employee's first and last name)

as a student assistant at/for
(chair/ professor/ central office)

Overview of results:

	yes ¹	no	undecided ²
Part 1 tasks involving hazardous materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are compulsory examinations required on the basis of part 1 section 1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the employee request voluntary examinations on the basis of part 1 section 2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part 2 tasks involving biological agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are compulsory examinations required on the basis of part 2 section 1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the employee request voluntary examinations on the basis of part 2 section 2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part 3 tasks involving physical labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are compulsory examinations required on the basis of part 3 section 1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the employee request voluntary examinations on the basis of part 3 section 2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part 4 miscellaneous tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are compulsory examinations required on the basis of part 4 section 1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the employee request voluntary examinations on the basis of part 4 section 2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any other examinations required on the basis of part 4 section 3?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹:If so, the corresponding evaluation sheet for parts 1 through 4 must be completed.

²:If the employee is undecided, a hazard assessment must be conducted **prior to** engaging in any work-related activities.

Voluntary examinations:

- The employee requests work-related medical examination
- The employee does not request a work-related medical examination
- On the basis of the answers given above, neither hazards nor other grounds for conducting an examination are present.

Bayreuth, den [date]

Supervisor's signature _____

Employee's signature _____

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- a) regular work in damp conditions for four hours a day or longer
- b) welding and thermal cutting of metals in which air concentration of 3 milligrams of welding fumes per cubic centimetre is exceeded
- c) tasks involving dust from grain or animal feed in which exposure exceeds an air concentration of 4 milligrams of respirable dust per cubic metre
- d) tasks in which regular skin contact with isocyanate cannot be avoided or an air concentration of 0.05 milligrams per cubic metre is exceeded.
- e) tasks in which exposure to hazard arising from laboratory animal dust holding rooms and facilities
- f) tasks involving the use of latex gloves with more than 30 micrograms of protein per gram of material
- g) tasks involving dermal exposure to hazardous agents or exposure to inhalation hazards resulting from uncured epoxide resin.

yes no

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Are compulsory examination required on the basis of part 1 section (1)?

yes no

(2) Voluntary examinations

- I. tasks involving hazardous materials listed in section 1, if exposure to hazard is present;
- II. Other activities involving hazardous substances:
 - a) pest control under annex 1 No. 3 of the *GefStoffV*
 - b) fumigation under annex 1 No. 4 of *GefStoffV*
 - c) activities involving the following substances or a mixture of them: hexane h-heptane, 2-utanone, 2-hexanone, methanol, ethanol, 2-methoxyethanol, benzol, toluol, xylene, stryrol, dichlormethane, 1,1,1-trichloroethane, trichloroethene, tetrachloroethene
 - d) activities involving carcinogenic or mutagenic substances or category 1 or 2 substances as laid down in the *GefStoffV*
 - e) regular work in damp conditions for more than 2 hours per day
 - f) welding and thermal cutting of metals in which the air concentration limit of 3 milligrams of welding fumes per cubic metre is not exceeded
 - g) activities involving exposure to dust from grain or animal feed with an air concentration in excess of 1 milligram of respirable dust per cubic metre

yes no undecided²

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is a voluntary examination requested on the basis of part 1 section (2)?

(3) Reasons for follow-up examinations:

yes no undecided²

- activities involving exposure to carcinogenic or mutagenic substances or category 1 or 2 substances as laid down in the *GefStoffV*
- Voluntary examination for follow-up examination requested (activity over several months with exposure at the workplace limit /special working conditions)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	

²:In this case, the hazard assessment must be conducted prior to engaging in any work-related activities.

Trypanosoma cruzi
 Yersinia pestis *)
 Poliomyelitis virus *)
 Schistosoma mansoni
 Streptococcus pneumonite *)
 Vibrio cholerae *)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

activities involving regular contact with pathogenic or contaminated objects, materials, and samples or infected animals
 rabies virus *)

yes no undecided²

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

activities as a forest worker
 activities involving low vegetation
 Borrelia burgdorferi

regular activities in low vegetation or forests,
 Activities involving regular direct contact with wild animals
 early summer meningoencephalitis virus *)

Is a compulsory examination required on the basis of part 2 section (1)?

(2) Voluntary examinations

yes no undecided²

I. If the employer does not have any examinations to arrange on the basis of section 1, the employer must offer the employee examinations in the following cases:

- a) **specific activities** involving biological agents assigned to risk group 3 in the *BioStoffV* and non-specific activities assigned to protection level 3 in the *BiostoffV*
- b) **specific and non-specific activities** involving biological agents assigned to risk group 2 in the *BioStoffV* and non-specific activities assigned to protection level 3 in the *BioStoffV*, unless it is determined that there is no risk of infection on the basis of the hazard assessment and the protective measures implemented

II. § 5 para 2 of the *ArbMedVV* applies *mutatis mutandis* if exposure to biological agents

- a) would lead to a serious infection or illness and requires prophylaxis or
- b) if an infection has occurred

III. At the conclusion of an activity for which a compulsory examination was arranged on the basis of section 1 above, the employer must offer a follow-up examination. The same does not apply to biological agents for which vaccinations are available, as long as the employee's immune system is sufficiently strong.

Is a voluntary examination requested on the basis of part 1 section (2)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

yes no undecided²

(3) Genetic engineering involving organisms that are pathological to humans:

yes no undecided²

Sections 1 and 2 above with regard to compulsory and voluntary examinations apply *mutatis mutandis* to genetic engineering involving organisms that are pathological to humans.

Will genetic engineering involving organisms that are pathological to humans be conducted?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

*: preventable by vaccination

²: In this case, the hazard assessment must be conducted prior to engaging in any work-related activities.

Part 3 Will tasks involving physical labour be carried out?

If so, please fill out the following section

yes	no	undecided ²
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(1) Compulsory examinations:

- I. activities involving extreme heat that could lead to a hazard;
- II. activities involving extreme cold (-25° Celsius or colder);
- III. activities involving noise equal to or exceeding the limit of $L_{ex,8h}=85$ dB(A) or $L_{pC,peak} = 137$ dB(C).
In measuring the limit in sentence 1, the dampening effect of the employee's personal ear plugs/ protectors are not to be taken into consideration;
- IV. activities involving exposure to vibrations equal to or exceeding limits of
 - a) $A(8) = 5m/s^2$ for activities involving hand/arm vibrations or
 - b) $A(8) = 1.15 m/s^2$ on the X- and Y-axes and $A(8) = 0.8 m/s^2$ on the Z-axis for activities involving vibrations that affect the entire body;
- V. activities involving pressurized air (air that is pressurized to over 0.1 bars)
The requirement for working with pressurized air as laid down in § 1 para 1 in conjunction with § 2 para 2 of the Pressurized Air Ordinance (*Druckluftverordnung*) is that there must not have been any health concerns under § 4 para 2 sentence 2 within twelve months prior to beginning the activity, which fact must later be certified within twelve months. § 11 of the Pressurized Air Ordinance shall remain unaffected;
- VI. activities carried out under water, for which the employee's air is supplied by scuba equipment (activities involving scuba-diving).
- VII. activities involving exposure to artificial optical radiation in the workplace exceeding the exposure limits laid down in § 6 of the Work Protection Ordinance on Artificial Optical Radiation (*Arbeitsschutzverordnung zu künstlicher optischer Strahlung*) dated 19 July 2010 (BGBl. I p. 960), as amended.

	yes	no	undecided ²
I.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The work-related medical consultation is to be conducted as part of the briefing/ instruction of new employees.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a compulsory examination required on the basis of part 3 section (1)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(2) Voluntary examinations:

- I. activities involving exposure to noise exceeding the limit of $L_{ex,8h} = 80$ dB(A) or $L_{pC,peak} = 135$ dB (C)
In measuring the limit above, the dampening effect of the employee's personal ear plugs/ protectors are not to be taken into consideration;
- II. activities involving exposure to vibrations exceeding the limit of
 - a) $A(8) = 2,5 m/s^2$ for activities involving hand/arm vibration or
 - b) $A(8) = 0,5 m/s^2$ for activities involving vibrations affecting the entire body
- III. activities involving exposure to artificial or optical radiation in which the limits laid down in § 6 of the Work Protection Ordinance on Artificial Optical Radiation (*Arbeitsschutzverordnung zu künstlicher optischer Strahlung*) dated 19 July 2010 (BGBl. I p. 960), as amended.

	yes	no	undecided ²
I.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The work-related medical consultation is to be conducted as part of the briefing/ instruction of new employees.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a voluntary examination requested on the basis of part 3 section (2)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

²: In this case, the hazard assessment must be conducted prior to engaging in any work-related activities.

	yes	no	undecided ²
Part 4 miscellaneous tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, please fill out the following section			

1) Compulsory examinations:	yes	no	undecided ²
I. activities requiring the employee to wear a protective breathing apparatus belonging to group 2 or 3;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. activities in a tropical or subtropical climate and other trips abroad that involve special climate-induced strain on the body and risk of infection. Notwithstanding § 3 para 2 sentence 1 in conjunction with § 7 of the <i>ArbMedVV</i> medical doctors who are qualified specialists in the field of tropical medicine may also be consulted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are compulsory examinations required on the basis of part 4 section (1)?	<input type="checkbox"/>	<input type="checkbox"/>	

(2) Voluntary examinations	yes	no	undecided ²
I. activities at a computer monitor The obligation to offer an examination only covers an adequate examination of the eyes and vision. If the results of this examination indicate that a further eye examination is required, then this shall be made possible. § 5 para 2 <i>ArbMedVV</i> also applies in case of vision problems. Notwithstanding § 3 para 2 sentence 1 in conjunction with § 7 para 1 <i>ArbMedVV</i> the vision test can also be conducted by other trained specialists. As appropriate, employees are to be provided with special glasses for working at computer monitors if the examination results indicate that special glasses are necessary and normal glasses are not suitable;	<input type="checkbox"/>	<input type="checkbox"/>	
II. activities requiring the employee to wear a protective breathing apparatus belonging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a voluntary examination requested on the basis of part 4 section (2)?	<input type="checkbox"/>	<input type="checkbox"/>	

(3) Other examinations?	yes	no	undecided ²
I. Activities involving driving, operating, and monitoring e.g. monitoring CNC machines, working with machines or brush-cutters; operating cranes, forklifts, or other equipment; driving cars or lorries, i.e. persons whose employment contracts state that they must regularly drive a car or lorry. Occasionally driving a university vehicle does not require an examination.	<input type="checkbox"/>	<input type="checkbox"/>	
II. Radiation Protection (§ 60) / and X-Ray Ordinance (§ 37) Activities involving exposure to increased levels of radiation. Additional details concerning this topic are available by contacting Dr. Amore at the University of Bayreuth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Maternity Protection Ordinance, (§§3,4) Please contact the Safety Officer, Mr. Spörl, for further information.	<input type="checkbox"/>	<input type="checkbox"/>	
IV. Examinations for the protection of young people at work According to the <i>JArbSchG</i> young people under the age of 18 are required to undergo an examination prior to engaging in work-related activities as well as a check-up after a period of one year.	<input type="checkbox"/>	<input type="checkbox"/>	
V. Load Handling Ordinance (§ 3) Manual lifting of loads which could lead to a safety risk (especially of back injury) for the employee due to the weight (or other properties) of the load or unfavourable ergonomic conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Miscellaneous: Requests/consultations under the terms of § 11 <i>ArbSchG</i> The employer must ensure that employees, if so requested, [...] have the opportunity to undergo regular medical check-ups corresponding to the risk to their health and safety arising due to their work, unless an assessment of the working conditions shows [...] that health concerns are not to be expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are other examinations required or requested on the basis of part 4 section (3)?	<input type="checkbox"/>	<input type="checkbox"/>	

²:In this case, the hazard assessment must be conducted prior to engaging in any work-related activities.

Personal data sheet to be submitted to the payroll office

I. Personal data			
Last name	first name	maiden name	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
date of birth	place of birth	nationality	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
marital status	religion	telephone	e-mail
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
mailing address:			
<input style="width:100%;" type="text"/>			

II. Bank account details		
IBAN	BIC	name of bank
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

III. Compulsory insurance, income tax and church tax to be deducted	
1. insurance number found on Social Security ID	2. tax identification number
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

My studies aside, my employment at the University of Bayreuth represents	
<input type="radio"/> my main employment <input type="radio"/> secondary employment	
3. health insurance	name and address of health insurance provider:
<input type="checkbox"/> a policy with a private health insurance provider	
<input type="checkbox"/> compulsory insurance on the basis of my main employment	
<input type="checkbox"/> <input type="checkbox"/> voluntary membership in statutory health insurance (AOK, TK, etc.)	
<input type="checkbox"/> covered by my family's insurance policy	

IV. Additional income

1. Are you <u>currently</u> employed elsewhere?			
no	yes	by: <input style="width:70%;" type="text"/>	
employer <input style="width:100%;" type="text"/>	<input type="checkbox"/> working hours	wages <input style="width:100%;" type="text"/>	employed from - to <input style="width:100%;" type="text"/>
	<input type="checkbox"/> per week		
	<input type="checkbox"/> per month		
2. Were you gainfully employed <u>in the twelve months prior to</u> this employment and/or have you agreed to employment (including for other employers) scheduled to begin sometime <u>in the future</u> ?			
no	yes	by: <input style="width:70%;" type="text"/>	
employer <input style="width:100%;" type="text"/>	working hours	wages <input style="width:100%;" type="text"/>	employed from - to <input style="width:100%;" type="text"/>
	per week		
	per month		

3. Do any of the following apply to your case?	
<input type="checkbox"/> retiree, benefits recipient	
<input type="checkbox"/> registered as "seeking employment" (<i>arbeitsuchend</i>) at the Employment Office	
<input type="checkbox"/> other (e.g. main employment elsewhere currently on a leave of absence, self-employed)	

place of

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V. Pension

Due to changes in German law relating to minor employment (*geringfügige Beschäftigung*, or "Mini-jobs" that pay up to 450 EUR per month), as of 01.01.2013 persons engaged in minor employment must also be registered for compulsory insurance in the public pension system. Employees who wish to make use of their exemption from compulsory insurance must submit a corresponding request to their employer.

Detailed information on this subject is available online at the following link [German only as of 13.10.2014]: www.minijob-zentrale.de.

I confirm the accuracy of the information I provided. I will immediately report any changes that could affect my compulsory insurance status to the human resources department (especially starting or terminating additional employment or changing health insurance providers). I hereby permit the exchange of information regarding my social security obligations between the payroll office and my additional employers.

Incomplete or inaccurate statements may lead to recourse claims against the employee.

Location and date of signature

place of

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