

Workplace/Employer
Paderborn University
 33095 Paderborn
 Germany
 Reference
 4.3

Surname, first name
 Street address
 Postal code, city
 Date of birth Telephone number (optional)
 Email address (optional)

LBV personnel number - if known

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Personal information

for the initial employment/re-employment of teaching staff, student assistants and research assistants

Please complete or check box as applicable!

1. Place of birth: _____ Nationality: _____

2. I have children who are entitled to child benefits:
 No Yes, benefits application is enclosed will be submitted

3. For annual bonus: I was previously employed in the public sector in the year of my employment:
 No Yes, from _____ to _____
 Type of employment _____
 Employer _____
 Employment is through A public sector employer
 A private research institute
 A private employment contract
 Number of working hours per week _____ / _____
 Pro rata annual bonus was paid for the period from _____ to _____
 in the amount of _____ EUR.
Please enclose supporting documents indicating the start date, end date, type and scope of the employment relationship.

4. **Tax information**
 Tax identification number* (tax ID): _____
 *required in order to electronically access your tax information via ELStAM
 If your ELStAM data are not accessible, the LBV is required to tax your income according to tax classification VI.
 I do not have a tax ID: The confirmation for the income tax deduction by the local tax office is enclosed.
 This employment is to be regarded as my (please specify):
 Primary job
Tax classification _____ **Child allowance** _____ **Tax exemption** _____
Religious denomination _____ **Myself / Spouse or civil partner** _____ / _____
 If available, please enclose the confirmation for income tax deduction.
 Secondary employment (**tax classification VI**), if applicable, exemption due to an additional amount _____
 If residing in a foreign country:
 The confirmation for income tax deduction by the responsible tax authority is enclosed is pending
 For flat-rate taxation:
 The salary should be taxed at a flat rate, and not taxed based on my individual tax information. The "Application for flat-rate tax (LBV(A)02.PS.) is enclosed.



5.	<p>I currently receive or have previously received a salary/income from LBV NRW</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, from _____ to _____ as _____</p> <p>LBV personnel number _____</p>
6.	<p>My bank account information for receiving payments:</p> <p>Bank: _____</p> <p>IBAN *) _____</p> <p>BIC **) _____</p> <p><small>*)IBAN = International Bank Account Number **)BIC = Bank Identifier Code</small></p>
7.	<p>The following status declaration is enclosed:</p> <p><input type="checkbox"/> Status Declaration for Verification of Social Insurance and Supplementary Benefits (LBV(A)02_SV_2016_07 Statuserklärung SV-ZV)</p> <p>Additional documents enclosed:</p> <p><input type="checkbox"/> Certificate of enrolment, including course information</p> <p><input type="checkbox"/> Membership certificate from health insurance provider</p> <p><input type="checkbox"/> Application for child benefits</p> <p><input type="checkbox"/> Birth certificate(s) of child/children</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
8.	<p>Additional remarks:</p>
9.	<p>I hereby confirm the accuracy and completeness of the information I have provided. I am aware that I am obligated to immediately to notify the Landesamt für Besoldung und Versorgung NRW, 40192 Düsseldorf, of any changes in my personal circumstances as stated above, and that I must pay back in full any excess payment amounts that I receive as a result of any omissions, delays or errors in the information I provide.</p> <p>_____ <small>City, Date</small></p> <p>Data privacy notice: The personal data collected with this form will be processed in accordance with Section 29 of the North Rhine-Westphalia Data Protection Act (DSG NRW). This information is required to ensure that your salary/benefit payments can be correctly calculated and transferred to you. Your duty to cooperate arises from your employment relationship with the State of North Rhine-Westphalia.</p>

Attention: Only instructions for completion!