Faci	ulty/central institution						Admin				
				┚╻╻			Phone:				
App	licant (responsible acade	emic staff men	nber)	_ <b>V</b> \	<b>/H</b> l	5	Email:				
				(Rese	earch Asst.)						
							CC:				
							Div. 2.3				
								t ☐ Re-employm	nent 🗌 Ext.	employme	
	man Resources Depa rision 4.3	ırtment			Cł	Change to existing employment contract					
DIV	131011 4.3		of a Research Assistant with								
Sent through official channels bachelor's degree (WHB)										Cit	
1	Student's personal data										
1.1	Email: (Please use the email address assigned to you by the IMT)										
1.2	Surname:		First na	ame:				Gender:			
								☐ Female	Male	•	
1.3	Date of birth	Place	of birth:			1	Nationality	:	<i>UI</i> ,		
2	Highest <u>vocational</u> qualification to date										
	□ No vocational qualifications (1)										
	<ul> <li>□ Completion of accredited vocational training programme (2)</li> <li>□ Master / technician or graduation from technical college (3)</li> </ul>										
3	Student's higher education studies to date										
3.1	Enrolled in degree p	rogramme:_					Numb	er of semesters stud	lied:		
3.2	Matriculation no. at I	Paderborn U	niversity: _				Matric	ulation no. at a diffe	rent university:		
3.3	University degree or degree from a university of applied sciences:										
	Type of university or state examination:										
	Date:			certificate of enclosed.	enrolment	//	J was	already submitted.			
4	Student's previo	ous emplo		CHOOSCU.			was	ancady submitted.			
4.1	She/he was/is emplo										
	□ No □ Yes, until as a □ Stud. Assistant □ Research Assistant (WHB)										
	at Paderborn University  A certificate of the employment period from the other university is enclosed									d	
5	Information any							<u> </u>	<u> </u>		
	Information any secondary employment and for determining the social insurance contribution obligation										
5.1	In addition to the posit						o have addition	onal income through so	econdary employment	or	
	freelance/contract work. (Subject to approval by Paderborn University)  No Yes (If yes, please enclose "Declaration of Secondary Employment SHK/WHB" and "Status Declaration for Verification of Social Insurance and Supplementary Benefits" forms for student employees.)										
		of Sc	cial Insurar	nce and Su	pplementar	y Bene	efits" forms for	student employees.)	Status Decidiation for	Vermoation	
6	Information about the intended employment										
6.1	Period of employmen	nt minimum 3	months).	First-time	employme	nt or re	e-employmeı	nt is only possible st	arting on a business	day!	
	a) from	to		at	xx hrs.		Position	on as tutor:	Yes/No		
	b) from	to		at	xx hrs.		Positi	on as tutor:	Yes/No		
					XX 1113.		1 03111		103/140		
X	c) from	to		at	xx hrs.		Position	on as tutor:	Yes/No		
6.2	Additional information for first employments:  The University's internal advertisement for this vacancy was published a) from to										
7	, , ,							↓ Only to be filled in by the University↓			
7.1	a) Billing object/ Acc. (AO) no.:							oject/ Acc. (AO) no.:			
7.2	b) Billing object/						b) Billing ob	pject/ Acc. (AO) no.:			
7.3	Acc. (AO) no.: c) Billing object/							piect/ Acc. (AO) no.:			
	C) Billing object/						c) Billing of	njecti Acc. (AC) 110.:			

## Information for the student applicant:

1. If you receive BAFöG, a research grant, a research scholarship or a graduate or doctoral scholarship, you must notify the relevant agency about your income as a research assistant.

## 1. For extensions to the employment contract:

If there have been any changes with regard to your health insurance provider, additional employment, internships, etc. as compared to the information provided for your last employment contract, the "Status Declaration for Verification of Social Insurance and Supplementary Benefits" form must be completed. If there have been any changes to your personal circumstances, personal data, bank account information, etc. the "Personal Information" form must be completed again.

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## **Declaration by the student applicant:**

By signing this form below, I hereby confirm that the above information about my personal circumstances is correct. Furthermore, I declare that no further contracts or agreements have been made with the responsible staff member. I have been informed that only the President of Paderborn University will make a legally binding decision about my employment and that any and all legally binding statements or declarations regarding my employment relationship or contract must be made in writing through the Human Resources Department (Department 4). I am aware that I may not perform any work or services until the employment contract has been countersigned by an authorised Human Resources Department employee.

(Date, signature of applicant)

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## Declaration by the responsible staff member:

The research assistant (WHB) will be employed in accordance with the currently valid guidelines for the employment and remuneration of research and student assistants at Paderborn University. I am aware that I may not accept any work or services from the research assistant until the employment contract has been signed by an authorised Human Resources Department employee.

(Date, signature of staff member)

Approval by the head of the faculty/central institution (or authorised representative)

There are no objections to the intended employment relationship.

(Date, signature of faculty/institution)

Only to be filled in by the responsible administration division / If financed through a research project:

Sufficient funds are available from the externally funded project and have been earmarked accordingly.

(Date, Signature External Funds Management Unit)