**P6001** V EU-2026.1

PAYCHEX EUROPE

# *Forms – Report a change for an employee*

**Please only enter the employee name and the changes**

**Which employee is affected?**

| Personnel number | Surname | First name |
|---|---|---|
| | | |

**Employment**

| Date of termination | Employed as | Cost center | Place of establishment |
|---|---|---|---|
| Weekly working hours | Number of working days per week | ☐ Full time<br>☐ Part time | |

**Salary**

| Salary | Hourly wage | Notes |
|---|---|---|
| Additional pay | One-time payment | Name of additional pay/one-time payment |

**Status of employment**

| | |
|---|---|
| ☐ Mini-Job up to 603.-Euro per month (*In addition please fill out P6002)* | ☐ Low wage income of 603.01 Euro up to 2000.- Euro per month *(In addition please fill out P6003)* |

**Address**

| Street | Number | Postal code | City |
|---|---|---|---|
| | | | |

**Bank information**

| Name and place of bank | IBAN | Alternate account holder |
|---|---|---|
| | | |

**Health insurance**

| Name of health insurance | Postal code | City |
|---|---|---|
| | | |

**Tax information**

| Tax-ID (11 digits) | Tax class | confession employee | confession spouse |
|---|---|---|---|
| Child allowance | Allowance monthly | Allowance yearly | Factor |

**Private used company car**

| Gross list price | Kilometers between place of residence and place of work (one Way) | Monthly own contribution employee |
|---|---|---|
| Euro | Kilometers | Euro |

**Sick pay and maternity**

| Start of sick pay by health insurance | Expected date of birth (Maternity) | Real date of birth (Maternity) |
|---|---|---|
| | | |

**Company pension scheme (please enclose contract documents)**

| | Monthly total fee | ER contribution | EE contribution |
|---|---|---|---|
| ☐ Direct insurance<br>☐ Pension fund<br>☐ Relief fund<br>Capital-forming-investments(VWL) | Euro | Euro | Euro |

The change(s) will apply from

Date, Signature/Stamp Employee