

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
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Employment

Date of termination	Employed as	Cost center	Place of establishment
Weekly working hours	Number of working days per week	☐ Full time ☐ 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)
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Address

Street	Number	Postal code	City
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Bank information

Name and place of bank	IBAN	Alternate account holder
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Health insurance

Name of health insurance	Postal code	City
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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 Euro	Kilometers between place of residence and place of work (one Way) Kilometers	Monthly own contribution employee Euro
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Sick pay and maternity

Start of sick pay by health insurance	Expected date of birth (Maternity)	Real date of birth (Maternity)
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Company pension scheme (please enclose contract documents)

☐ Direct insurance ☐ Pension fund ☐ Relief fund Capital-forming-investments(VWL)	Monthly total fee Euro	ER contribution Euro	EE contribution Euro
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The change(s) will apply from

Date, Signature/Stamp Employee