

HR Master Data Sheet for Employees

To be able to prepare the payroll correctly, we need some information. Please fill out this form and pass it with all documents to the accountancy firm. Thank you for your help!

Client: _____

Number of the Client: _____

Staff questionnaire

(grey boxes are not to be filled in by the employee)

Personal Details

Last name if applicable birth name	First name
Street name and house number incl. address line	Postcode, town
Date of birth	Gender <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> diverse <input type="checkbox"/> indefinite
Insurance number according to social security card	Marital status
Place of birth only if the insurance number is missing	Severely disabled <input type="checkbox"/> yes <input type="checkbox"/> no
Nationality	Employee number Social fund- construction
IBAN <input type="checkbox"/> Cash payment	BIC / Name of the bank
Cellphone number	Number of a relative in case of emergency

Employment

Entry Date	First Entry Date	Business premises
Professional title	Activity performed	
<input type="checkbox"/> Main activity	<input type="checkbox"/> Additional occupation	
School-leaving qualification <input type="checkbox"/> without qualification <input type="checkbox"/> Haupt-/Volksschulabschluss <input type="checkbox"/> GCES <input type="checkbox"/> A-level	Professional education <input type="checkbox"/> without professional education <input type="checkbox"/> recognized vocational training <input type="checkbox"/> Master/technician <input type="checkbox"/> Bachelor <input type="checkbox"/> Diploma/Master/ State examination <input type="checkbox"/> Promotion	
Start of the education:	Expected end of the education:	
Weekly working time: <input type="checkbox"/> full-time <input type="checkbox"/> part-time	Distribution of the weekly working time (hours) Mon Tue Wed Thu Fri Sat Sun _____	Holiday entitlement (calendar year)
Cost center	Number of department	Group of people

Limitation

<input type="checkbox"/> The working relationship is fixed term <input type="checkbox"/> The working relationship is functionally limited	Limitation of employment contract until:
<input type="checkbox"/> Written conclusion of the fixed term contract	Conclusion of the employment contract on:
<input type="checkbox"/> fixed term contract is planned for minimum 2 month with the prospect of ongoing employment	

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Personnel number: _____ Name of employee: _____

Accept the confirmation electronically

☐ I contradict the electronic transmission of employment and additional employment certificated to the Bundesagentur für Arbeit

Tax

Identification number	Tax office-number	Child allowance	Confession
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Social security

Health insurance <input type="checkbox"/> statutory <input type="checkbox"/> private	Name of Health insurance company
Parenthood/children (grown children are also to be considered)	<input type="checkbox"/> yes <input type="checkbox"/> no

I am:	<input type="checkbox"/> severely disabled _____ % <input type="checkbox"/> registered unemployed <input type="checkbox"/> work independently <input type="checkbox"/> pupil (please add a confirmation by the school) <input type="checkbox"/> student (please add enrolment certificate)	<input type="checkbox"/> in maternity protection / parental leave <input type="checkbox"/> ALG II / get Citizens' Income <input type="checkbox"/> Intern (please add proof) <input type="checkbox"/> pensioner / retiree <input type="checkbox"/> or _____
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Remuneration

Description	Amount	Effective from	Hourly rate	Effective from
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Do you have any other occupations Information on other occupations

☐ yes ☐ no

Employer	Type of work	Time period	Weekly working time	For short-term employees working days
	<input type="checkbox"/> Minijob <input type="checkbox"/> Employment subject to compulsory insurance <input type="checkbox"/> short-term employed			

Working papers to be submitted

Employment contract	<input type="checkbox"/> available
Social security card	<input type="checkbox"/> available
Health insurance certificate	<input type="checkbox"/> available
Private insurance certificate	<input type="checkbox"/> available
Contract pension scheme	<input type="checkbox"/> available
Proof of parentship	<input type="checkbox"/> available
Contract for company pension scheme	<input type="checkbox"/> available
Severely disabled pass	<input type="checkbox"/> available
Copy of ID	<input type="checkbox"/> available
	<input type="checkbox"/> available
	<input type="checkbox"/> available

Declaration of the employee:

I assure that the information above is true. I am fully committed to inform my employer immediately about all changes especially those concerning any additional occupations (regarding type, duration and payment).

_____ Date	_____ Signature employee (if minor legal representative)	_____ Date	_____ Signature employer
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