

Employer

Name, first name

Street

Zipcode, city

Reference

Date of birth

Phone (optional)

LBV personnel number (where known)

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Personal Details

For new appointment / re-appointment of adjunct professors, student assistants and graduate assistants

Please complete or tick, as appropriate!

1	Place of birth: _____ Nationality: _____										
2	I have children on behalf of whom I am entitled to child benefit and/or family allowance: <input type="checkbox"/> no <input type="checkbox"/> yes, child benefit application <input type="checkbox"/> is enclosed <input type="checkbox"/> will be submitted subsequently										
3	For special payments: In the year of employment, I had been employed previously in the civil service: <input type="checkbox"/> no <input type="checkbox"/> yes, from _____ to _____ Type of activity: _____ Employer: _____ The service contract was closed with <input type="checkbox"/> a public-service employer <input type="checkbox"/> a private research institute <input type="checkbox"/> a private employer Weekly hours of the activity _____ / _____ Pro-rata special payment was paid for the time from _____ to _____ to the amount of _____ EUR. Please enclose proof, stating commencement, end, type and scope of the employment relationship.										
4	Type of taxpayer Tax identification number (Tax ID): <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <u>If you do not enter your tax identification number, the LBV is obliged to tax your emoluments acc. to tax class VI.</u> <input type="checkbox"/> I have not been issued a tax ID: certificate for wage tax deduction issued by the relevant tax authority is enclosed. The employment is a <input type="checkbox"/> main job (tax class _____ child tax deduction _____ tax exempt amount _____ denomination own / spouse _____/_____) <input type="checkbox"/> If it has been issued, please enclose the (special) certificate for wage tax deduction. <input type="checkbox"/> part-time job (tax class VI), poss. tax exempt amount due to additional amount _____ In case of resident of a foreign country: <input type="checkbox"/> certificate for wage tax deduction issued by the tax authority of the employer <input type="checkbox"/> is enclosed <input type="checkbox"/> has been applied for In case of flat tax calculation: <input type="checkbox"/> The emoluments shall be taxed at a fixed rate instead of according to the individual type of taxpayer. The Declaration of Intent Concerning the Payment of the Flat-Rate Tax (LBV(A)02.PS1306) is enclosed.										

5	<p>I am, or have already been, in receipt of emoluments from the LBV NRW</p> <p><input type="checkbox"/> no <input type="checkbox"/> yes, from: _____ to: _____ as: _____</p> <p>LBV personnel no: _____</p>
6	<p>My bank details for transfer of the emoluments are:</p> <p>Bank _____</p> <p>IBAN *) _____</p> <p>BIC *) _____</p> <p style="text-align: right;">*) IBAN = International Bank Account Number (<u>always</u> required) BIC = Bank Identifier Code (for foreign bank details only)</p>
7	<p>The following status declarations are enclosed:</p> <p>Graduate assistants and adjunct professors:</p> <p><input type="checkbox"/> Status Declaration for Examination of Social Insurance and Supplementary Pension</p> <p><input type="checkbox"/> Status Declaration for Employment in the Low-Pay Sector</p> <p>Student assistants:</p> <p><input type="checkbox"/> Status Declaration for Examination of Social Insurance for Student Assistants</p> <p>Additional documents:</p> <p><input type="checkbox"/> Certificate of membership of a health insurance fund</p> <p><input type="checkbox"/> Marriage certificate / civil union certificate</p> <p><input type="checkbox"/> Child benefit application <input type="checkbox"/> Birth certificate(s) of the children</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
10	<p>Comments:</p>
11	<p>I confirm that the statements herein are complete and correct. I am aware that I am obliged to notify the Landesamt für Besoldung und Versorgung NRW, 40192 Düsseldorf, immediately of any changes and that I must repay any excess emoluments that I have received due to failed, late or incorrect notification.</p> <p style="text-align: center;">This English version of the form “ Persönliche Angaben zur Neueinstellung / Wiedereinstellung von Lehrbeauftragten sowie studentischen und wissenschaftlichen Hilfskräften” is intended as <u>fill-in help</u> only. <u>Do not sign this form!</u></p> <p>Note in respect of data protection legislation: The personal data collected by means of this form will be processed in accordance with section 29 of the Datenschutzgesetz für das Land Nordrhein-Westfalen (Data Protection Act for the State of North Rhine-Westphalia). Your particulars are required to enable the calculation and payment of your emoluments in the due amount. Your obligation to cooperate derives from your employment relationship with the State of North Rhine-Westphalia.</p>