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| **ab 10/2020**  **Personalbogen für Neueinstellungen** | **logo.eps** |

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| **Arbeitgeber:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name u. Vorname des Arbeitnehmers: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Straße: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Postleitzahl/Wohnort: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Geburtsdatum: | | | | | | | | | | | *II* Staatsangehörigkeit: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Tätigkeit: | | | | | | | | | | | // Geschlecht: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | m | | |  | w | |  | d | | |
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| Höchste  Schulaus-  bildung | |  | ohne Schulabschluss | | | | | | | | |  | |  | | | Höchste  Berufs-  ausbildung | | | | | | | | | | | | | |  | ohne beruflichen Ausbildungsabschluss | | | | | | | | | | | | | | | | | |
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|  | Haupt-/Volksschulabschluss | | | | | | | | |  | |  | | |  | Anerkannte Berufsausbildung | | | | | | | | | | | | | | | | | |
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|  | Mittlere Reife/ | | | | | | | | |  | |  | | |  | Meister/Techniker/ | | | | | | | | | | | | | | | | | |
|  | gleichwertiger Abschluss | | | | | | | | |  | |  | | |  | gleichwertiger Fachschulabschluss | | | | | | | | | | | | | | | | | |
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|  | Abitur/Fachabitur | | | | | | | | |  | |  | | |  | Bachelor | | | | | | | | | | | | | | | | | |
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| **Liegt eine 2. sozialversicherungspflichtige Beschäftigung vor:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| Hauptarbeitgeber: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nebenarbeitgeber: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Eintrittsdatum: | | | | | | | | **// bisherige Beschäftigungstage im Kalenderjahr:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Austrittsdatum: | | | | | | | | | | | | | | | | | | | // | | | | Urlaubsanspruch: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Rentenversicherungs-Nr.: | | | | | | | | | | | | | | | | | | | // | | | | Steuer-Identifikations-Nr.: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Geburtsort: | | | | | | | | | | | | | | | | | | | // | | | | Geburtsname: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Arbeitszeit wöchtl. Std.: | | | | | Auft. Mo. | | |  | | | Di. | | | |  | | | Mi. | | | | | |  | | | | | Do. | | | |  | | | Fr. |  | | Sa. | | | |  | | So. | | |  | |
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| Krankenkasse: | | | | | | | | | | | | | | | | | | | // | | | | Steuerklasse/Kinder- | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | freibetrag/Konfession: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Festbezug/Stundenlohn: | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Abzug Berufsbekleidung: | | | | | | | | | | | | | | | | | | |  | | | | und Malergewerbe: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Zusätzliche Angaben bei einer Aushilfstätigkeit:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Besteht bei einem anderen Arbeit­geber eine Hauptbeschäftigung? | | | | | | |  | | | | | | arbeitslos? | | | | | | | | | | | | | |  | | | | | | | | zweite Aus­hilfstätigkeit? | | | | | | |  | | | | | | | |
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| Private Krankenversicherung? | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DIE AUFNAHME WEITERER BESCHÄFTIGUNGEN IST UNS SOFORT ANZUZEIGEN!** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Zweite Seite bitte unbedingt beachten**  **und ggf. den Befreiungsantrag ausfüllen!** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Auf mein Widerspruchsrecht nach § 313 a SGB III betreffend der elektronischen Übermittlung von Arbeits- und Nebeneinkommensbescheinigungen wurde ich hingewiesen. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Datum:** |  | | | | | **Unterschrift des Arbeitnehmers:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| **Versteuerung:** | | | | AG pauschal: | | | | |  | | | | | | | | | | | | | | | | oder Lohnsteuerkarte: | | | | | | | | | | | | | | | |  | | | | | | | | |
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| Bank: |  | | | | | | | | | | | | | | |  | | | | | **Folgende Papiere müssen vorliegen:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| IBAN: |  | | | | | | | | | | | | | | |  | | | | | - Mitgliedsbescheinigung der Krankenkasse | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BIC: |  | | | | | | | | | | | | | | |  | | | | | - Nachweis Elterneigenschaft | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |  | | | | | - nur Bauhaupt- und Malergewerbe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |  | | | | | Vortragswerte Urlaub/Lohnnachweiskarte | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Befreiung von der Versicherungspflicht in der Rentenversicherung**

**bei einer geringfügig entlohnten Beschäftigung**

**nach § 6 Absatz 1b Sozialgesetzbuch Sechstes Buch**

**Eilige Terminsache:**

Die Befreiung wirkt grundsätzlich ab Beginn des Kalendermonats des Eingangs beim Arbeitgeber, frühestens ab Beschäftigungsbeginn. Voraussetzung ist, dass der Minijob-Zentrale die Befreiung bis zur nächsten Entgeltabrechnung, spätestens innerhalb von 6 Wochen nach Eingang des Befreiungsantrages beim Arbeitgeber gemeldet wird. Anderenfalls beginnt die Befreiung erst nach Ablauf des Kalendermonats, der dem Kalendermonat des Eingangs der Meldung bei der Minijob-Zentrale folgt.

**Arbeitnehmer:**

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Vorname: |  |

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| Rentenversicherungsnummer: |  |  |  |  |  |  |  |  |  |  |  |  |

Hiermit beantrage ich die Befreiung von der Versicherungspflicht in der Rentenversicherung im Rahmen meiner geringfügig entlohnten Beschäftigung und verzichte damit auf den Erwerb von Pflichtbeitragszeiten. Ich habe die Hinweise auf dem "Merkblatt über die möglichen Folgen einer Befreiung von der Rentenversicherungs­pflicht" zur Kenntnis genommen.

Mir ist bekannt, dass der Befreiungsantrag für alle von mir zeitgleich ausgeübten geringfügig entlohnten Beschäftigungen gilt und für die Dauer der Beschäftigungen bindend ist; eine Rücknahme ist nicht möglich. Ich verpflichte mich, alle weiteren Arbeitgeber, bei denen ich eine geringfügig entlohnte Beschäftigung ausübe, über diesen Befreiungsantrag zu informieren.

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| **Datum:** |  | **Unterschrift des Arbeitnehmers:** |  |

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|  |  | **Unterschrift gesetzl. Vertreter:** |  |