

# Personnel questionnaire

Change in weekly working hours  
Change of the time limit  
End of training



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Company:

Name of the employee

Personnel number

## Change in weekly working hours

Weekly/daily working hours So far:	Weekly/daily working hours New:
Reason for the change in weekly working hours	
<input type="checkbox"/> Partial retirement agreement, if top-up amounts are paid in accordance with Sec. 3 (1) ATG <input type="checkbox"/> Change within the part time	
<input type="checkbox"/> Agreement on flexible working hours with work and Time-off phases (§ 7 Abs. 1a SGB IV) <input type="checkbox"/> Change part time to full time	
<input type="checkbox"/> parental leave <input type="checkbox"/> Employment Agreement (§ 421t Abs. 7 SGB III)	
<input type="checkbox"/> care time <input type="checkbox"/> Change full-time for collective bargaining or operational reasons	
<input type="checkbox"/> full time to part time <input type="checkbox"/> Family care leave and aftercare phase under the family care leave law	
<input type="checkbox"/> change within full working hours <input type="checkbox"/> others	
Average regular weekly working time of a full-time employee	Change valid from

## Additional information for care time

Reduction in pay due to caregiver leave	<input type="checkbox"/> yes	<input type="checkbox"/> no
Commencement of reduction in pay:		
End of reduction in pay:		

## Change limitation

Written conclusion of the fixed-term employment contract	<input type="checkbox"/> yes	<input type="checkbox"/> no
Fixed term employment contract to		
Conclusion of employment contract on		
Renewal employment contract last on		
Temporary employment intended for at least 2 months, with prospect of continued employment	<input type="checkbox"/> yes	<input type="checkbox"/> no

# Personalfragebogen

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End of training

Company:

Name of the employee

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## End of training

actual end of training

## Accept certificates electronically (Bea)

I object to the electronic transmission of employment and supplementary income certificates to the Federal Employment Agency

\_\_\_\_\_

Date

\_\_\_\_\_

signature employer