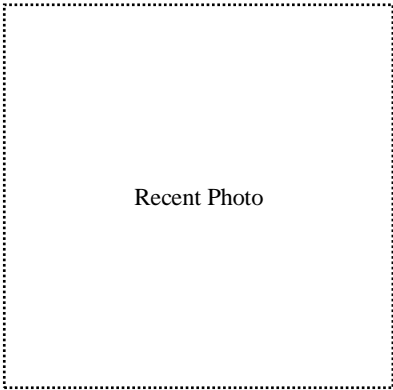


# STAFF QUESTIONNAIRE

## Governing or Representative Professors/Commissioners



### Personal information

(Please check  or fill out relevant information)

Name, (if applicable birth name and name from previous marriage(s)), first names (underline first names)

born on:	in	District	Country	Citizenship

Single   
  Married   
  Separated   
  Divorced   
  Widowed

First name and surname of the children:	born on:

Residential address (if applicable indicate other residences):	Phone:
	E-mail:

### Education and professional development (Please submit proof of degrees and employment)

a.) School, trade school and college education

Type of school	from (DD.MM.YY)	to (DD.MM.YY)	Type of degree/exam

b.) Professional training

Type of professional training	from (DD.MM.YY)	to (DD.MM.YY)	Type of degree/exam

Previous employment activities including professional academic programmes

(In chronological order, please also include professional activities outside of public service/times without employment as well as times as a student/scholarly assistant)

from – to (DD.MM.YY)	Employer – Position / Location	Type of employment or wage group	Weekly/Monthly Work time	Reason for change

**Other information**

Are you severely disabled, unable to work or equivalent to severely disabled persons?

No

Yes

(Please enclose a certified copy of the certification  
or the decision on equivalency by the  
Employment Centre)

Comments:

(e. g. Secondary employment and other compensation)

I affirm that this information is correct and complete.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature

## Explanations

This form is used to review whether you are entitled to a children's allowance, a family/local/social supplement or a vested marriage supplement. Please fill out this form carefully. If you cannot provide the requested information because you are unfamiliar with the situation or do not have the required proof available and cannot acquire it, please indicate the reasons under "Additional Comments".

Your payment and family services office is here to help if you have follow-up questions.

### On 1

In addition to the federal government, countries, municipalities, state districts, other bodies, institutions and foundations, **public service** also includes employment at organizationally independent church institutions (e.g. church schools, colleges, kindergartens, retirement homes) and employment at private employers if these family-related components ensure awarding of the compensation in accordance with the regulations of public service, and the public authorities are financially involved in them. Work in the service of an inter-state or supranational institution in which the public authority participates is considered equivalent to the civil service.

### On 2

A **pension under the principles of civil servant laws** shall be obtained by the spouse, if, due to his/her work in civil service, pension benefits have been granted according to the regulations of the Civil Servant Pension Law (BeamtVG) or a corresponding regulation; this also includes the support amount according to § 38 BeamtVG, the transitional funds according to § 47 BeamtVG and the transitional fees in accordance with the § 11 Soldier Pension Law (SVG) and compensatory payments according to § 11a SVG. Otherwise, a pension according to the civil servant laws is available if the spouse is guaranteed a lifetime pension by an employer for work in public service, particularly through a wage agreement, service order, statute or individual agreement, e.g. due to inability to work or reaching the age limit, or as a provision for dependents based on compensation and length of service. A pension from the additional age and survivor pension (e.g. from the Federal Pension Institution [VBL]) is not considered a provision

according to civil service regulations, in this sense.

### On 3

Benefits **comparable to the children's allowance** are:

- children's allowances from the statutory accident insurance or children's allowance advances from the statutory pension insurance;
- benefits for children which are granted abroad and are equivalent to the children's allowance or the aforementioned benefits;
- benefits for children which are granted by an international or supranational institution and are equivalent to the children's allowance.

### On 4

Information on the **divorced spouse** is only required if:

- they are obliged to provide support for the spouse or children;
- they have children resulted from the marriage.

### On 5

**Funds for the support of the persons taken in** are:

- maintenance allowances of all types from another party, also public benefits;
- all current (as well as tax-free) revenues of the person taken in (e.g. educational compensation, benefits according to the Federal Education Promotion Law (Bundesausbildungsförderungsgesetz), revenue from assets, pensions.

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*Please note: This is an unofficial translation provided for your convenience only and does not have any legal binding effects! Only the german version is legally binding!*

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**Information for the determination of compensation – Agent in charge of administration and representation.**

Surname, First name:

(Also birth name and names from previous marriage(s))

Date of birth:

Place of birth:

Marital status:

Citizenship:

Address:

Phone:

e-mail:

Children for which a children's allowance is claimed

1) born on: 3) born on:

2) born on: 4) born on:

Persons obtaining a children's allowance:

Entity previously paying a children's allowance:

Children's allowance no./file no:

Name of the bank/savings bank:

Account no:

Routing no:

For a foreign bank account SWIFT/BIC:

Name of insurance fund:

Membership certification:

Submitted

To be submitted

Insurance no. for social insurance:

(Copy of the social insurance identification is enclosed)

Person obtaining pension or pension benefits:

Yes

No

Type of pension/pension benefits and paying entity:

Tax identification number:

Is there additional simultaneous employment?  No

Yes (Please enclose proof)

**With previous employment in the current calendar year: The wage certificate to perform the internal wage adjustment is enclosed.**

**I confirm that my information is complete and correct.**

**I am aware that I am obliged to immediately report any change in the aforementioned conditions to the Human Resources Department of the Central Administration of the University, Goßlerstr. 5/7, 37073 Göttingen.**

Göttingen, date

.....

(Signature)

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## DECLARATION

First name:

Surname:

Date of birth:

Place of birth:

I confirm that I have not been subject to criminal or disciplinary sanctions.

The following criminal proceedings or investigations have been initiated against me:

Legal proceedings or investigations (traffic penalties/violations are also to be listed):

(Please indicate court/district attorney/police, file numbers)

Disciplinary procedures

(Indicate authority, file no.)

The following penalties were imposed on me:

Criminal penalties:

(Indicate amount of penalty, date of ruling, file number, court)

Disciplinary penalties

(Indicate authority, file no.)

At the same time, I declare that I live under well-ordered economic conditions.

I am aware that my appointment as a civil servant or my employment is to be rescinded if it was obtained through malicious deception, particularly through untrue or incomplete information on criminal sentences or more severe crimes.

I confirm the correctness of the above information.

(Date)

.....  
Signature

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## DECLARATION

I affirm that I

- am not severely disabled
- am not severely disabled according to § 1 SchwbG
- am not equivalent to a severely disabled person according to (§ 2 SchwbG).

Reduction of employability          percentage

I have enclosed a certified copy of the recognition order.

Place/Date

.....

Signature