

Additional Form for Short-Term Employment

A short-term employment is present if it is performed for no more than 70 working days (or 60 calendar days) or 3 months within a calendar year.

, ,		n employments this year?
Yes, Number of D)ays:	No
(If an annual review find contributions!)	ds that the 70-day limit has be	en exceeded, we are obliged to retroactively claim social security
Main Employment/C	Other Status	
Student (Copy of	student ID required)	
I have worke	t (Enrollment certificate requed more than 20 hours per ths (including employment v	week for less than 26 weeks (182 calendar days) in the
Retiree/Pensioner	(Pension certificate require	d)
Housewife/House	husband	
Unemployed and	I receiving ALG 1 or ALG 2	
Registered as see	eking employment without b	penefits at the employment office
Status with the re	elevant health insurance as	"intermittently employed" PG 118
With this job, I establ	lish a second employment ı	relationship.
Yes, Job:		Employer:
No		
Self-employed (To	ax Office certificate)	
On parental leav	ve/receiving parental allowo	ınce
l need a work ce	ertificate/certificate of the a	mount of additional earnings.
Other:		
Are you registered Agency?	as unemployed/seeking t	raining/unemployed with the Federal Employment
Yes	No	
Have you had more	than 3 months of social	security employment in the current calendar year?
Yes, Period:		No



Have you been registered as unemployed/seeking employment/seeking training/unemployed with the Federal Employment Agency for more than 3 months in the current calendar year?		
Yes,	Period: No	
	ake my living from employment relationships lasting less than 7 calendar days and am considered ermittently employed" PGR 118.	
	o not make my living from employment relationships lasting less than 7 calendar days (and have a manent position with another employer) PGR 117.	
	Cast: Actors with employment periods (consecutive shooting days) under 7 calendar days must be billed as ently employed due to current BSG case law!	
	that the above information is true. I commit to notifying my employer of any changes, arly regarding additional employment (in terms of type, duration, and remuneration), immediately.	
Date:	Signature of Employee:	
Date:	Signature of Employer:	