HÜBNER & HÜBNER

Form for new employees

Employer: _____ client number

Employee

Employee number: _____ Academic title: _____

Family name: _____ First name: _____
(please state in BLOCK LETTERS)

Address: _____
(street / house number / post code / city)

Gender: Please choose Social security number: _____
(10 digit number) d d m m y y

Family status: Please choose Citizenship: _____

Payroll information

Date of employment: _____ Job title: _____

Place of work: _____ Department: _____
(as needed)

Collective agreement: _____ CA / year: _____ Next reclassifiaction: _____
(CA) (according to CA)

Type of contract: Please choose Wage/Salary: _____ € x 14 per year
(monthly)

Cost centre: _____ Working hours: ____ days / ____ hours
(as needed) (weekly)

Ongoing executions: ☐ Yes ☐ No Disabled person benefiting: ☐ Yes ☐ No

Extras: _____
(e.g. limitation, 12 months salary, border commuters, ..)

Employee's bank information

Bank: _____

IBAN: _____ BIC / SWIFT: _____

send by e-mail print form

Hübner & Hübner - Payroll made easy
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