

Employer	University of Cologne
Reference	41.63

Name, forename	
Postcode, town	
Street	
Date of birth	Tel. number (optional)

Personal Details
For new appointment / re-appointment

LBV personnel number (where known)

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Please complete or tick, as appropriate!

1	Nationality: _____ Place of birth: _____
2	<p>Family status: <input type="checkbox"/> a) single <input type="checkbox"/> b) married <input type="checkbox"/> c) widowed <input type="checkbox"/> d) divorced <input type="checkbox"/> e) marriage dissolved or annulled</p> <p style="text-align: right;">> since: _____</p> <p>Additional questions a), d) and e): Is there a statutory or moral obligation to grant a person maintenance and accommodation? <input type="checkbox"/> no <input type="checkbox"/> yes d) and e): Is there a monthly maintenance obligation to the former spouse? <input type="checkbox"/> no <input type="checkbox"/> yes</p>
3	<p>Additional particulars for married recipients of local weighting, social or family allowance: My spouse _____ (Name, forename, name at birth, where applicable, date of birth)</p> <p>a) <input type="checkbox"/> is not in an employment relationship. b) <input type="checkbox"/> is in an employment relationship as a <input type="checkbox"/> civil servant, judge, professional/regular soldier <input type="checkbox"/> aspirant <input type="checkbox"/> salaried employee <input type="checkbox"/> waged employee <input type="checkbox"/> trainee She/he is <input type="checkbox"/> full-time <input type="checkbox"/> part-time with a weekly load of _____ hours/teaching hours The LBV will use the place of employment to be entered below to check whether a public service activity is involved. c) <input type="checkbox"/> is entitled to pension benefits according to principles of civil service legislation or a pension payment ordinance re b) und c): Name of the employer, company or pension regulation authority: _____ in _____ pers.no./ref. _____ (address)</p>
4	<p>I have children on behalf of whom I have an entitlement to child benefit, family allowance or increased local weighting allowance: <input type="checkbox"/> no <input type="checkbox"/> yes, child benefit application <input type="checkbox"/> is enclosed <input type="checkbox"/> will be submitted subsequently.</p>
5	<p>I have received payments from another civil service employer for the month of appointment and beyond: <input type="checkbox"/> no <input type="checkbox"/> yes, from _____ to _____ employer: _____</p>
6	<p>I am in receipt of pension or surviving dependant benefits in accordance with principles of civil service legislation or have made a corresponding application: <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> application process is proceeding acc. to application dated _____ employer: _____ address: _____ pension benefits number / ref.: _____</p>

