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| Erhebungsformular Mitarbeiter  Betrieb: ……………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………  Hinweis: vollständig auszufüllen   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Name | Geburtsdatum | Lohn  (Monats-  oder  Stundenlohn) | 13. Monatslohn | Ferien | Pensum | Wochenstunden | Anstellungsbeginn | Tätigkeit | Berufliche  Qualifikation | Berufserfahrung (Anzahl Jahre) | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |
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Das Formular ist vollständig auszufüllen.

Zudem möchten Sie die **Lohnabrechnungen der letzten drei Monate aller Arbeitnehmenden** einreichen. Wir behalten uns vor, zwecks Durchführung der Kontrolle weitere Angaben resp. Unterlagen einzufordern. Mit der Unterschrift wird die Richtigkeit der Angaben bestätigt.

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