

Pers. no.: _____

(Employer Stamp)

(Name of the employee)

Personnel questionnaire

Dismissal of employees and workers

(Incompletely filled in fields may lead to a delay in the payroll).

I. General information on termination

Termination of the employment relationship or conclusion of the termination agreement occurred on _____ per _____
The termination of the employment relationship was effected by <input type="checkbox"/> Termination of the employer <input type="checkbox"/> Termination of the employee, whereby the employer would not have terminated at the same time <input type="checkbox"/> Termination of the employee, whereby the employer would have terminated at the same time <input type="checkbox"/> Termination agreement, whereby the employer would not have terminated at the same time <input type="checkbox"/> Termination agreement, where the employer would have given notice at the same time <input type="checkbox"/> by law/collective agreement
Termination occurred <input type="checkbox"/> in writing <input type="checkbox"/> verbal
Type of submitting <input type="checkbox"/> in person <input type="checkbox"/> by mail
Dismissal for operational reasons <input type="checkbox"/> yes <input type="checkbox"/> no
The dismissal was due to the employee's conduct in breach of the contract <input type="checkbox"/> yes <input type="checkbox"/> no If yes, A prior warning was given on _____
Description of the conduct in breach of contract which was the cause of the termination of the employment relationship:
The employee has brought an action for protection against dismissal <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> still uncertain

Additional termination agreements were made <input type="checkbox"/> yes <input type="checkbox"/> no If yes, Which _____
A social selection was made <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Not applicable due to personal nature If yes, By which employment agency was the social selection checked _____

II. Information on the period of notice

The relevant period of notice of the employer shall be <input type="checkbox"/> Calendar days <input type="checkbox"/> Working days <input type="checkbox"/> Weeks <input type="checkbox"/> Months	The reference date for the notice period is <input type="checkbox"/> to the end of the week <input type="checkbox"/> to the 15th of the month <input type="checkbox"/> to the end of the month <input type="checkbox"/> to the end of the quarter <input type="checkbox"/> without fixed end
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III. Additional information on the termination

The ordinary termination of the employment relationship by the employer is excluded by law or collective agreement <input type="checkbox"/> yes <input type="checkbox"/> no
Ordinary termination is excluded for an unlimited period of time <input type="checkbox"/> yes <input type="checkbox"/> no
At the same time, the prerequisites for a termination for cause subject to a time limit exist or had existed without a special (collectively agreed) contractual notice of termination <input type="checkbox"/> yes <input type="checkbox"/> no
Ordinary termination is only permitted by (collective) agreement in the case of severance pay, compensation or similar benefits <input type="checkbox"/> yes <input type="checkbox"/> no
Holiday compensation was paid due to termination of the employment relationship <input type="checkbox"/> yes <input type="checkbox"/> no
If the remaining leave is taken at the end of the employment relationship <input type="checkbox"/> yes <input type="checkbox"/> no If yes, When is the last day of attendance _____

Were payments made or is there an entitle entitlement to benefits in connection with the termination of the employment relationship <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> still uncertain If yes, Which _____
Have been early retirement benefits or comparable benefits agreed upon termination of the employment relationship <input type="checkbox"/> yes <input type="checkbox"/> no
In the event of termination under the Dismissal Protection Act, the severance payment amounts to up to 0.5 monthly salary for each year of employment <input type="checkbox"/> yes <input type="checkbox"/> no If yes, Which _____
Remuneration is paid beyond the termination date <input type="checkbox"/> yes <input type="checkbox"/> no If yes, to what amount _____ by when _____
This is an irrevocable leave of absence with continued payment of salary <input type="checkbox"/> yes <input type="checkbox"/> no If yes, Commencement of the irrevocable exemption _____ End of the irrevocable exemption _____

(Place, Date)

(Employee's signature)