



Employee details supplement

Periods of service for pay group determination

(sec. 16 para. 2 TV-L [salary scheme for state employees] as amended in sec. 40 no. 5 TV-L, protocol declaration for sec. 16 para. 2 TV-L)

Surname	Given name	Birth date
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A)	As a basis for salary level classification following §16 TV-L [salary scheme for state employees] I declare that I have had the following employment relationships (as employee and/or officer):						
	Chronological list of professional career since completion of school education (non-scientific staff) or university education (scientific staff).						
	The information provided has to be substantiated with appropriate documentation (contracts, job description, references).						

No.	from (DD.MM.YYYY)	to (DD.MM.YYYY)	Type of employment relationship	at (employer)	Classification	Anrechnung (to be filled in by HR department)	
						Jahr/e	Tag/e
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

B)	Periods of leaves of absence during above mentioned employment contracts						
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No.	from (DD.MM.YYYY)	to (DD.MM.YYYY)	Type of leave of absence (e.g. parental leave, maternity leave, women's representative)	at (employer)	hours/week	Berechnung (to be filled in by HR department)	
						Jahr/e	Tag/e
1							
2							
3							

I am aware that my statements provided will be used as the basis for my pay group classification according to sec. 16 TV-L and therefore will affect the amount of my salary. Incomplete or incorrect information may lead to legal consequences. Employment periods which are not communicated to personnel administration now can not be considered subsequently.

Place, date	Applicant's signature
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To be filled in by HR department!

- ☐ Es liegen keine berücksichtigungsfähigen Vordienstzeiten für die Stufenfestsetzung nach § 16 TV-L vor.
- ☐ Einschlägige Berufserfahrung (Freistaat Bayern - § 40 Nr. 5 Ziffer 1 S. 2 TV-L) erworben unter Nr. _____
- ☐ Einschlägige Berufserfahrung (anderer Arbeitgeber - § 40 Nr. 5 Ziffer 1 S. 3 TV-L) erworben unter Nr. _____
- ☐ Einschlägige Berufserfahrung (Hochschule / Forschungseinrichtung - § 40 Nr. 5 Ziffer 1 S. 4, 5 TV-L) erworben unter Nr. _____
- ☐ Förderliche Zeiten zur Deckung des Personalbedarfs (§ 40 Nr. 5 Ziffer 1 S. 6 TV-L) unter Nr. _____

Endgültige Stufenzuordnung:

Bamberg, den _____ Gesamtzeitraum: _____ Jahre _____ Tage

i. A. _____ Beginn Stufe: _____

Unterschrift Personalabteilung _____ Nächstes Vorrücken: _____