Application for posting pay in lieu of leave / application for compensation

(Entsendung Abgeltungs-/Entschädigungsantrag des Arbeitnehmers)

Sozialkasse des Gerüstbaugewerbes
Postfach 51 25
65041 Wiesbaden
DEUTSCHLAND

Please fill in printed Latin letters!

(0) Employer ID

(0) Country code

(1) Worker ID

(2) Surname of the worker

Day Month Year

(3) Day of birth

(4) First name(s) of the worker

Address in the home country

(5) Sreet

(6) House number

(7) Postcode

(8) Town

(9) Country

(10) Area Code

(11) Telephone number

(12) Fax number

I apply for

☐ **Pay in lieu of leave for the year** (please mark this box with a cross if applicable)

(13)

The application for the pay in lieu of leave claim from the year **2018** can only be filed for until **31.12.2019.**

The last day I worked as an employee in the scaffolding sector in Germany was

Day Month Year

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☐ Since then I have stopped working as an employee in the German scaffolding sector for more than three months and I am not unemployed at present. Even after these three months, I presumably will not carry out works on German building sites again.

☐ I was employed as casual labourer, working student, trainee or in similar way and the employer-employee relationship was finished more than three months ago.

☐ **Compensation of the year** (please mark this box with a cross if applicable)

(14)

You can file an application for compensation for **2017** from **01.01.2019 until 31.12.2019**. There is no claim for compensation pay for minimum vacation pay due to illness.

Date: January 2019

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(1) Worker ID

Bank reference

The pay in lieu of vacation/ compensation I am entitled to should be transferred to:

(15) Name of Bank

(16) Postcode

(17) Town

(18) Country

(19) Bank Code

(20) Account number

(21) SWIFT-CODE / BIC

(22) IBAN

(23) Account holder (if divergent from the employee, please add a copy of your passport as legitimation to your application)
The pay in lieu of vacation and the compensation are payments of SOKA-GERÜSTBAU directly to you as an employee, which are made independent from the employer.)

Documents to be attached: Worker's account statement signed by the company

With this signature I as an employee insure the correctness of my statement.

(24) Date / signature of the employee

Date: January 2019