

Fresenius Medical Care Compensatory Time Account

Withdrawal current contributions

Surname, first name

Personnel number

Company

The employee withdraws the following current conversion(s) as of the next possible date (Please tick)

- ☐ Current monthly **collectively agreed salary/monthly salary** or the monthly **non-tariff salary** (for non-tariff employees)
- ☐ Entitlement to collective **age-related time off** („tarifliche Altersfreizeit“)
- ☐ Compensation for **overtime hours** from the compensation account that could not be taken in free time, incl. surcharges subject to tax and social security contributions
- ☐ ____% of the payout amount of the yearly **target variable** (for non-tariff employees)

Only for conversion of age-related time off („Altersfreizeit“):

Place, date

Signature of supervisor

Place, date

Signature of employee

Place, date

Signature of employer/Payroll Management

Please submit the form to the person responsible at Payroll Management.

Processing note VM: _____