

# Worker's application for pay in lieu of leave / application for compensation 2020

(Abgeltungs- und Entschädigungsantrag des Arbeitnehmers 2020)

SOKA-BAU  
Urlaubs- und Lohnausgleichskasse  
der Bauwirtschaft  
Hauptabteilung Europa  
Postfach 5711  
65047 Wiesbaden  
DEUTSCHLAND

Employer's ID

State code

(1) Worker's ID

Day Month Year

(2) Date of birth

(3) Worker's surname

(4) Worker's forename(s)

## Home Address

(5) Street

(6) House number

(7) Postcode

(8) Town

(9) Country

(9a) E-Mail (optional information)

## I apply for

(Mark with a cross where applicable)

**Pay in lieu of leave 2020, 2019 (Deductions of tax and for social insurance)**

(10)

because: I have **not** been working on building sites in Germany for more than three months and I am **not** unemployed contemporarily.

or: I have changed into a white-collar employment relationship or an apprenticeship.  
(I attach a copy of my employment or apprenticeship contract.)

**Compensation 2018 (Tax deduction)**

(11)

## The payment shall be transferred to the following bank account:

(12) IBAN - Mandatory field

(13) BIC / SWIFT-CODE - Mandatory field

(14) Name of the bank - Mandatory field

(15) Name of the account holder - Mandatory field

\_\_\_\_\_  
Date

**x**  
\_\_\_\_\_  
Worker's signature

**x**  
\_\_\_\_\_  
Phone number for questions