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Worker´s application for pay in lieu of leave / application for compensation 2025

email to aev@soka-bau.de or send by post to:

SOKA-BAU
Urlaubs- und Lohnausgleichskasse der Bauwirtschaft
Bereich Arbeitnehmer-Entsendeverfahren (AEV)
65179 Wiesbaden
GERMANY

Employer's ID

State code

(1) Worker's ID

Day Month Year

(2) Date of birth

(3) Worker's surname

(4) Worker's first name(s)

Home Address

(5) Street

(6) House number

Address suffix 1

Address suffix 2

(7) Postcode

(8) City/Town

(9) Country

(9a) E-Mail

Applying for (Mark with a cross where applicable)

(10) **Pay in lieu of leave** **2024, 2025 (Deductions of tax and social insurance)**

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 attached a copy of my employment or apprenticeship contract.)

(11) **Compensation** **2023 (Tax deduction)**

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