**[A2] Einstellung / Weiterbeschäftigung von studentischen Hilfskräften**

*I. Auszufüllen durch studentische Hilfskraft*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Anrede | Herr  Frau |  |  |  |  |
|  | Nachname |  |  | Matrikelnummer |  |  |
|  | Vorname |  |  | Geburtsdatum |  |  |
|  | Straße |  |  | Geburtsort |  |  |
|  | ggf. Zimmer |  |  | Staatsange-hörigkeit |  |  |
|  | PLZ, Ort |  |  |  |  |  |
|  | Telefon |  |  | E-Mail |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vorhandener Abschluss | | |  | ohne | | |  | | Bachelor |  | Master | | |  |  | | |
| **Hinweis:** Bachelor/Master bitte nur ankreuzen, wenn Zeugnis oder Titelführungsbescheinigung schon vorliegen. | | | | | | | | | | | | | | | | | |
|  | | |  |  | | |  | |  |  |  | | |  |  | | |
| Soll parallel zur Hilfskraft-Tätigkeit eine Abschlussarbeit bei der gleichen betreuenden Professorin  bzw. dem gleichen betreuenden Professor erstellt werden? | | | | | | | | | | | | | | | | | |
|  | | |  | ja | | |  | | nein |  |  | | |  |  | | |
|  | | |  |  | | |  | |  |  |  | | |  |  | | |
| Ersteinstellung am KIT | | |  | ja | | |  | | nein |  |  | | |  |  | | |
|  | | |  |  | | |  | |  |  |  | | |  |  | | |
|  | Falls nein: Einstellung bei Institut | | | |  | | | | |  | Zeitraum | |  | | | | |
| Wo arbeiten Sie noch? | |  | | |  | von | |  | | bis | |  | | |  | Std./M. |  |

*II. Auszufüllen durch Betreuer/in*

Einstellung als

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Tutor/in | | Lehrveranstaltung | | | |  | | | | |  |  | WS | | |  | |  |  | | SS |  | |  |
|  |  | Stud. Hilfskraft | | Projekt/Aufgabe | | | |  | | | | | | | | | | | | | | | | | |  |
|  |  |  | | PSP-Element  oder Kostenstelle | | | |  | | | | | | | | | | | | | | | | | |  |
|  |  |  | | von |  | | |  | bis | |  | | | | |  | | | Std./M. | | |  | | |  |  |
|  |  |  | |  | Vertragsverlängerung | | | |  | |  | | | | | | | | | | |  | | | |  |
|  | **Betreuer/in** | |  | |  | **Datum** |  | | |  | | **Unterschrift** | | | | |  | | | | | | | | |  |