

**Submission for leave compensation claims pursuant to Section 33f BUAG**

Asserting leave compensation claims against BUAK pursuant to posting provisions.

**Please note:**

Employees who join or re-join your company must attach initial notification forms pursuant to Section 33g BUAG. If wage garnishment applies for employees, the corresponding selection box must be marked with a cross and the „Information on wage garnishment“ form must be completed and submitted. A guide for filling out forms can be downloaded from our homepage (<http://www.buak.at>).

Negotiated leave must be agreed in good time pursuant to Section 8 (2) BUAG. You may therefore only submit for leave compensation for holidays no earlier than the month before and no later than the month after the submission.

Example: In February, you can only submit leave compensations for January, February or March. A submission for holidays in April is not possible at this time.

Inspecting the claims of employees is based on the payment date of the first submission. After they have been settled, you shall receive information from the employer that contains information relevant to the settlement.

Claims can only be settled if the information is confirmed with the employer's signature.

Upon first notification or any change in the employee's account details, the „Account confirmation“ form must be attached!

PLEASE FILL OUT IN BLOCK CAPITALS!

(1)

Number of employees in  
settlement

(2)

Company code (BKZ)

(3)

Name of employer (EMP)

(4)

Employer contribution account number  
(depending on employee's social security provider)

(5)

Employer tax number (only complete if EMP is from SLO or HUN)

(6)

Social security number  
(Employee)

(7)

Employee (surname, forename)

(8)

Employee ID (AKZ)

(9)

Social security provider  
(Employee)

(10)

State

(11)

Tax number (must be filled out if you pay social security in SLO or HUN)

(12)

Health insurance number (must be filled out if you pay social security in SVK or CZE)

(13)

Soc.S contribution group (please use the relevant abbreviated name according to)

(14)

Lohnpfändung

(15)

Holiday from \_\_\_\_\_  
(DD.MM.YYYY)

(16)

Holiday until \_\_\_\_\_  
(DD.MM.YYYY)

(17)

Number of holiday days \_\_\_\_\_

(18)

Date

(19)

Stamp/signature of employer

**Send to:**

BUAK, Coordination Office, Kliebergasse 1a, 1050 Vienna  
Fax: +43 (0) 579 579 DW 91898, E-Mail: [koordinierungsstelle@buak.at](mailto:koordinierungsstelle@buak.at)

- 1** Please state here the total number of employee blocks filled in. This information should ensure that no employee data gets lost when transferring documents.
- 2** The internal ten-digit code ("Company ID number") allocated to the company by BUAK must be specified in this field.
- 3** Please enter full company names.
- 4** Both the contribution (account) number and the customary short description of the identification number must be specified here which were assigned to the company by the social security provider.
- 5** The tax number field only has to be filled out by companies from Slovenia and Hungary.
- 6** The number allocated to the posted worker by the social (health) insurance provider must be specified in this field.
- 7** Please specify the full name of the employee.
- 8** The ten-digit code („employee number“) already allocated to the employee by BUAK is to be specified in this field.
- 9** Specify the full name of the social security provider to whom you pay the employee's share of social security contributions according to legal provisions. If contributions are made to several collecting agencies, please indicate this on a separate sheet.
- 10** Please specify the state in which the social security provider is headquartered.
- 11** If the employee pays social security in Slovenia or Hungary you must indicate the tax number.
- 12** If the employee pays social security in the Czech Republic or Slovakia you must indicate the health insurance provider.

- 13** Please enter the relevant abbreviated name for the contribution group of the social security provider. When specifying an Austrian social security provider, the contribution groups are calculated by the BUAK..

Abbreviated name		Abbreviated name	
Gen.	Childless/General (DE)	Gen.	General (PT)
Red.	Childless/Reduced (DE)	Gen.	General (CZ)
Incr.	Childless/Increased (DE)	Gen.	General (CH)
Children Gen.	Children/General (DE)	Gen.	General (HU)
Children Red.	Children/Reduced (DE)	Gen.	General (SK)
Children Incr.	Children/Increased (DE)	Gen.	General (SI)
Gen.	General (PL)	Optional tariff	Optional tariff for employers with fewer than 51 employees (CZ)

- 14** Pursuant to Section 299a EO, employees are obliged to inform BUAK of payment prohibitions (wage garnishment) so that the payments can be made according to the employer's information in full satisfaction of the debt. Please mark the relevant selection box with a cross if a wage garnishment applies for the employee. In this case, attach the completed supplement „Information on wage garnishment“, together with the attachment of the garnishment order. The supplement can also be downloaded from our homepage.
- 15/16** The start and end of the planned holidays must be noted here. Please indicate each date in the following format: (DD.MM.YYYY)
- 17** The holiday days included in the holiday must be stated here in numbers.
- 18/19** The date, stamp and signature of the submitting company must be given here.