„Załącznik nr 14 do zarządzenia

nr 45 /2013 Rektora PW

**Kwestionariusz osobowy PZ-SAP** Rejestracja / Zmiana (\*\*)

*Kwestionariusz należy wypełnić drukowanymi literami lub komputerowo*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nazwisko | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nr osobowy SAP\*\*\* | | | | | | | | | |  | | | | | | | | | | |
| Nazwisko rodowe | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Pesel | | | | | | | | | |  | | | | | | | | | | |
| Imię pierwsze | |  | | | | | | | | | | | Imię drugie | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Płeć (\*\*) | | | | | | | | | | Kobieta/mężczyzna | | | | | | | | | | |
| Imię ojca | |  | | | | | | | | | | | Imię matki | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Tytuł zawodowy | | | | | | | | | |  | | | | | | | | | | |
| Data urodzenia | |  | | | | | | | | | | | Miejsce urodzenia | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Kraj urodzenia | | | | | | | | | |  | | | | | | | | | | |
| Obywatelstwo 1 | |  | | | | | | | | | | | Obywatelstwo 2 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | NIP | | | | | | | | | |  | | | | | | | | | | |
| Adres zamieszkania dla celów podatkowych | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Kraj: | | | | | | | | | | | | |  | | | | | | | | | | |
| Ulica | |  | | | | | | | | | | | | | | | Nr domu | | | | | | | | |  | | | | | | | | | | | | | | Nr mieszkania | | | | | | | | | | | | |  | | | | | | | | | | |
| Miejscowość | |  | | | | | | | | | | | | | | | Kod | | | | | | | | |  | | | | | | | | | | | | | | Poczta | | | | | | | | | | | | |  | | | | | | | | | | |
| Województwo/  Region/Stan | |  | | | | | | | | | | | | | | | Powiat | | | | | | | | |  | | | | | | | | | | | | | | Gmina/  Dzielnica | | | | | | | | | | | | |  | | | | | | | | | | |
| Adres dla korespondencji – tylko w Polsce (jeżeli jest taki jak zamieszkania w pole obok wpisz „X”) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Ulica | |  | | | | | | | | | | | | | | | | Nr domu | | | | | | | |  | | | | | | | | | | | | | | Nr mieszkania | | | | | | | | | | | | |  | | | | | | | | | | |
| Miejscowość | |  | | | | | | | | | | | | | | | | Kod | | | | | | | |  | | | | | | | | | | | | | | Poczta | | | | | | | | | | | | |  | | | | | | | | | | |
| Województwo | |  | | | | | | | | | | | | | | | | Powiat | | | | | | | |  | | | | | | | | | | | | | | Gmina/  Dzielnica | | | | | | | | | | | | |  | | | | | | | | | | |
| Dane dodatkowe adresu | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e-mail | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telefon kontaktowy | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Dokument tożsamości (\*) | | | | | 1. Dowód osobisty | | | | | | | | | | | | | | | |  | 2. Karta stałego pobytu | | | | | | | | | | | | | | | | | | | | | |  | | 3. Karta czasowego pobytu | | | | | | | | | | | | | | | | |  |
| Seria i numer | |  | | | | | | | | | | | Data ważności | | | | | | | | |  | | | | | | | | | | | | | | | | Organ wydający | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Paszport (wypełniają osoby nie posiadające polskiego dowodu osobistego) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seria i numer | |  | | | | | | | | | | | Data ważności | | | | | | | | |  | | | | | | | | | | | | | | | | | Kraj wydania | | | | | | | |  | | | | | | | | | | | | | | | | |
| Posiadam uprawnienie do: (\*) | | | | | | | | | | 1. Emerytury | | | | | | | | | |  | | | 2. Renty | | | | | | | | | | | |  | | | | Renta przyznana jest do dnia: | | | | | | | | | | | | | | | | | |  | | | | | | |
| Numer świadczenia: | |  | | | | | | | | | | Organ wypłacający świadczenie | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Adres: | | |  | | | | | | | | | | | | | | | |
| Posiadam orzeczenie o niepełnosprawności wydane na okres | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Od: | | | |  | | | | | | | | | | | | | | Do: | | | | |  | | | | | | | | | | |
| Data wydania orzeczenia: | |  | | | | | | | | | Rodzaj niepełnosprawności (\*) | | | | | | | | | | | | | | | | | | | | | Lekki | | | |  | | | | | Umiarkowany | | | | | | | | | | | | |  | | Znaczny | | | | | |  | |
| Kod Oddziału NFZ: | |  | | | Urząd skarbowy: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Adres urzędu skarbowego: | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Forma wypłaty należności: (\*) | | Gotówka | | | | |  | | Przelew na rachunek bankowy (w Polsce): | | | | | | | | | | | | | | |  | | | – – – – – –  ­– – – – – – – – – – – – – – – – – – – – – – – – – – | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jestem (\*) | Studentem | | |  | | Doktorantem | | | | | | | | |  | | | | Uczelnia: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Nr albumu | | | | | | |  | | | | | |
| Oświadczam, że jestem rezydentem Polski, a na Informacji o dochodach oraz pobranych zaliczkach na podatek dochodowy PIT-11 jako identyfikator podatkowy proszę umieścić (\*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NIP | | |  | | | | PESEL | |  | | |
| Oświadczam, że jestem rezydentem (wpisać jakiego kraju) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Mój numer identyfikacji podatkowej TIN (ubezpieczenia) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Oświadczam, że dane zawarte w kwestionariuszu osobowym są zgodne ze stanem faktycznym.  Jestem świadoma/my odpowiedzialności karnej za oświadczenie nieprawdy.  O wszelkich zmianach dotyczących powyższego kwestionariusza osobowego zawiadomię Dział Płac Politechniki Warszawskiej w ciągu 3 dni składając nowy kwestionariusz osobowy. Przyjmuję do wiadomości, że zmiany danych do PIT-u (IFT) muszą być złożone do 07.01 w roku jego wystawienia. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejscowość i data wypełnienia | | |  | | | | | | | | | | | | | | | | | | | | | | | | | podpis | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| (\*) – ***Zaznaczyć właściwe pole wpisując „X”***  ***(\*\*) – Niepotrzebne skreślić***  ***(\*\*\*) – Wypełnia pracownik jednostki organizacyjnej*** | | | | | | | | | | | | | | | | Data przyjęcia: | | | | | | | | | | | | | | | Adnotacje służbowe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |