(First Name & Surname)

Sender:

(Street & House Number)

(Zip Code / City)

ne of Company)

Please add postagei

# You and the NGG.

Yes, I will become a member of the NGG union starting

#### **Personal Information**

			Female
First Name			Male
Surname			
Telephone			
Email			
Street and House Nr.			
Zip Code	City		
Date of Birth		Nationality	
<b>Professional Inform</b>	mation		

Company Name			
Street and House Nr.			
Zip Code	City		
□ In vocational training		Employed part	time
from ur	ntil	for	– hours/week
Employed as			
Monthly income (gross)		Wage Group	

#### Direct debit mandate

Date

I authorize the NGG to collect contributions from my account via direct debit. At the same time, I instruct my credit institution to pay the direct debits credited to my account by the NGG. Note: I can demand reimbursement of the debited amount within 8 weeks (from date of transaction). The conditions agreed upon with my bank are hereby applicable. My obligation to pay my contributions remains unaffected by this.

IBAN		M	onthly		Qu	arterly	
BIN	Acco	unt Numb	er				
Credit Institute (Name)	BIC						
		1 1	1	1 1	1	1	I.

The monthly contribution is 1% of gross income. I agree to this data being stored and processed electronically. NGG Trust Guarantee: The NGG ensures that this data will not be passed on to non-union bodies. A notice of cancellation must be sent in writing to the responsible NGG regional office no later than six weeks before the end of the quarter. There is an obligation to pay the contribution fee until the end of the membership. **Creditor Identification Number: DE21NGG0000089801** The NGG will give me my mandate reference. I am aware that I can check the dates of direct debits for individual debits on the Internet (www.ngg.net/sepa). I expressly release the NGG from any further obligations of notifications for individual direct debits.

Signature



# **Changing Time**

Get what you are entitled to!

**Gewerkschaft Nahrung-Genuss-Gaststätten** Haubachstraße 76 22765 Hamburg

Tel.: 040 380 13 0 E-Mail: hv.ernaehrung@ngg.net V.i.S.d.P: Thomas Bernhard

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# Dear colleagues,

In recent years, the highest employment court in Germany has made two important decisions on topics that are important to you:

# Changing time and associated transportation time are work hours and must be compensated!

If an employer requires wearing certain clothing and the changing of clothes must take place at the company, the time spent changing clothes must be compensated. Since work time in this case begins with the changing of clothes, time spent within the company getting to your workplace also counts. This is the case if the employer does not allow the changing of clothes at the workplace, but instead sets up a changing station separate from the workplace that must be used by the employee.

## **Sample Calculation**

An employee requires a total of 27 minutes per day to change and for the time spent en route from the changing room to the workplace and back. Se works 22 days in January. Her hourly wage is 8.75€:

27 Min. X 22 Days = 594 Minutes / 60 = 9.9 Hours

9.9 Hours X 8.75 € = 86.62 € per month

We advise you to request these claims regularly and on time. We are happy to provide you with suitable sample forms. You can also get advice from your works council or the information centers from "Faire Mobilität" or the "information centers for mobile workers" (see list).

# Here you can receive assistance:

Gewerkschaft Nahrung-Genuss-Gaststätten

Information center from "Faire Mobilität" in:

### Rheda Wiederbrück, Schulte-Mönting-Str. 3 Dortmund, Westenhellweg 112 dortmund@faire-mobilitaet.de

Christian Pinnes (Romanian): (+49) 0231 – 18 99 86 52 Justyna Oblacewicz (Polish): (+49) 0231 – 18 99 86 97 Stefanie Albrecht (Bulgarian): (+49) 0231 – 18 99 98 59

**Oldenburg, Klävemannstraße I** oldenburg@faire-mobilitaet.de Raluca Gheorghe (Romanian): (+49) 0441 – 9 24 90 19 Piotr Mazurek (Polish): (+49)0441 – 9 24 90 12

Kiel, Legienstraße 22 (Gewerkschaftshaus, 6. Etage) kiel@faire-mobilitaet.de Ida Mikolajczak (Polish): (+49) 0431 - 51 95 16 67 Helga Zichner (Romanian): (+49) 0431 - 51 95 16 68

#### Information centerfor mobile workers in:

Hannover, Arndtstraße 20 Dr. Katarzyna Zentner (Polish, Russian): (+49) 511 98 192-40

Braunschweig, Wilhelmstraße 5 (Siedziba Związków Zawodowych)

Mireia Gómez Travesa (Spanish): (+49) 0531 60187900 Alicja Bartosik (Polish): (+49) 0531 60187900

#### Lüneburg, Heiligengeiststr. 28

Eliza Yankova (Bulgarian): (+49) 4131 927509-5/-6 Roza Tanka (Hungarian): (+49) 4131 927509-5/-6 I hereby claim compensation for the following listed times:

Day	Changing time in minutes	Time required from so- cial room to workplace (roundtrip)	Total in minutes
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
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20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			

I request that the hours listed above be compensated with an hourly wage of ......  $\notin$ /hour (in any case, minimum 8.75  $\notin$ /Hour), included in my next paycheck