

Lawsuit for payment

Sender

First Name _____

Last Name _____

Street _____

Postal Code _____

Berlin

Date _____

Receiver

Court Arbeitsgericht Berlin

Street Magdeburger Platz 1

Postal code 10785

Berlin

I hereby file a

lawsuit

against

full name of company

for companies: represented by (full name)

Street, Number, Postal Code, Place

and request:

to order the defendant to pay me

☐ _____ **EUR brutto** (Calculation see following page) plus
interest in the amount of 5 percentage points above the base interest rate.

☐ **from** _____ ☐ **from Delivery of the lawsuit.**

Reasoning:

I was working for the defendant since the _____ with _____ weekly hours

for a ☐ **monthly wage of** _____ **EUR brutto**

☐ **hourly wage of** _____ **EUR brutto**

☐ The working relationship **ended** at _____ by _____

☐ The employment relationship is not terminated.

Lawsuit for payment

The defendant **owes** to me ☐ **the wage** ☐ **the continued wage payment (sick pay)**

☐ **Holiday cash** compensation ☐ **Other** _____

☐ for the month(s) _____ / _____

☐ For the period from _____ until _____ ^{Ich} in the amount of _____ EUR brutto.

☐ In the ☐ aforesaid period
☐ period from _____ till _____

I performed my contractual work obligation.

☐ In the ☐ aforesaid period
☐ period from _____ till _____

☐ I was on sick leave due to incapacity for work, of which the defendant became aware by submitting the certificate(s) of incapacity for work.

☐ I did not perform any work without being incapacitated for work, but consider the defendant(s) to be liable for payment for the following reasons: _____

The above amount(s) is/are made up as follows:
(if necessary, please enclose a separate statement of calculation)

<input type="checkbox"/> Earnings (period, amount)	_____ EUR brutto
<input type="checkbox"/> Continued wage payment (sick pay, period, amount)	_____ EUR brutto
<input type="checkbox"/> Holiday cash compensation (Year of employment, number of days of leave)	_____ EUR brutto

Total claim: _____ **EUR brutto**

Lawsuit is therefore required.

Attachments:

☐ Copy of the work contract from _____

☐ Copy of the last payroll

☐ Copy termination from _____

☐ _____

-in each case single copy available at Defendant available-

First Name _____

Last Name _____

Signature _____