**1. Applicant:**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: | Name: | Date of Birth: | Employed as: |
|  |  |  | scientific research assistant |
| Chair / division / department.: | | Phone: | Doctoral candidate |
| E-Mail: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Holiday | Date: |  | =days total : |
| (one or several periods) | from: | to: |  |

**(****The application for special leave, service exemption or leave for home care of sick relatives is to be submitted with the entry in the holiday card in person)**

Regensburg, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

|  |
| --- |
|  |
| Signature applicant |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Supervisor:**

Official reasons do – not – oppose the application.

Regensburg, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

|  |
| --- |
|  |
| Signature supervisor |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Faculty of Biology and Preclincal Medicine - Faculty Administration:**

Recorded in holiday card. Remaining holiday days current year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regensburg, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

|  |
| --- |
|  |
| Signature faculty administration |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Return to applicant via email**