**1. Applicant:**

|  |  |  |  |
| --- | --- | --- | --- |
| Surame: | Name: | Date of Birth: | Employed as: |
|  |  |  |  |
| Chair / division / department.: | | Phone: | Electronic time recording: |
| E-Mail: | | | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| 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. Copy to Referat III/5 (Gleitzeitstelle)**

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

**5. Return to applicant via email**