

**Holiday request form – Employees**  
**Faculty of Biology and Preclinical Medicine**

**1. Applicant:**

<u>Surame:</u>	<u>Name:</u>	<u>Date of Birth:</u>	<u>Employed as:</u>
<u>Chair / division / department.:</u>	<u>Phone:</u>	<u>Electronic time recording:</u>	
<u>E-Mail:</u>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

<u>Holiday</u> (one or several periods)	<u>Date:</u> <u>from:</u> <u>from:</u> <u>from:</u>	<u>to:</u> <u>to:</u> <u>to:</u>	<u>= days total:</u>
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**(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 Preclinical 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**