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|  | | | | 1. **Application for parental leave for  civil servants (Beamtinnen and Beamte)** in accordance with § 23 ff. of the Bavarian law on vacation and maternity protection (Bayerische Urlaubs- und Mutterschutzverordnung – UrlMV)   **II. Association of statutory health insurance physicians declaration on reimbursement of health and care insurance contributions**  in accordance with 26 Para. 1 of the Bavarian law on vacation and maternity protection (Bayerische Urlaubs- und Mutterschutzverordnung – UrlMV) | | |
| Title, first name, surname | | | |
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| Place of employment | | | |
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| To the  Universität Regensburg  Department III - Human Resources  93040 Regensburg | | | | Attachments:  Birth certificate  Judicial ruling  Health insurance certificate  Approval of the parent with custody  Joint custody declaration  Notification of parental benefit (Elterngeldbescheid) | | |
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| **I. I hereby apply for parental leave for the child** | | | | | | |
|  | | |  | |  | |
| First name and surname of the child | | | | | Birth date or expected delivery date | |
|  | | | | |  | |
| The birth certificate  is attached.  has already been sent.  will be sent subsequently. | | | | | | |
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| **1. Details of child** | | | | | | |
| This child is | | | |  | | |
| my biological child. | | the child of my spouse or civil partner. | | | | |
| my adopted child. | |  | | | | |
| This child is my grandchild. | | | | | | |
| One of the child's parents is not yet 18 years old, or is undertaking a training program which began before their 18th birthday. The training program generally takes up their work time fully. Neither of the parents will simultaneously claim parental leave. | | | | | | |
| First and surname of the parent: | | | | | | |
| Birth date: | Start of training program: | | | | | Expected end of training program: |
|  | | | | | | |
| **2. Care of the child** | | | | | | |
| I affirm that the child lives in my household and is looked after and raised me. | | | | | | |
| I am in charge of caring for the child | | | |  | | |
| by law | | | |  | | |
| due to a judicial ruling. Please include the judicial ruling. | | | | | | |

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| I am not in charge of caring for the child | | | |
| because I am the father of the child but not married to the mother. | | | |
| because my biological child has been removed from my care (please supply documentation). | | | |
| I am entitled to parental benefits | | | |
| even though my fatherhood for the child out of marriage, which I have declared, has not yet been determined. | | | |
| because I or my spouse / civil partner are related to the child and there is a case of special hardship. | | | |
| because the child is in my care. | | | |
| The parent with custody has agreed to my looking after and raising the child (please supply documentation). | | | |
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| **3. Distribution of the parental leave** | | | |
| The maximum duration of the parental leave is three years, i.e. 36 months in total. The maternity leave after the birth will be counted in the parental leave.  The parental leave can be distributed in three sections (see points 3.1 and 3.2). One section of 24 months (for children born before July 1, 2015, only 12 months) can be carried over up to the end of the child's eighth year of live (see point 3.3).  Please note that the parental leave should be applied for in writing seven weeks before it begins at the latest. | | | |
| 3.1 Length of the full parental leave or the first section withing the first three years of the child's life | | | |
| **Start** | my full parental leave  the first section of my parental leave | | on       , |
| i.e. | | directly following the maternity leave after birth | |
|  | | after the end of the parental leave currently running for a child born previously. | |
|  | | after the end of the parental leave which another parent / entitled person has claimed. | |
|  | | from the birth of the child (for fathers). Please make the application before the birth of the child:  Should the parental leave begin with the actual birth date of the child and the sections be correspondingly placed?  yes  no | |
|  | |  | |
| **End** | my full parental leave  the first section of my parental leave | | on       , |
| i.e. | | on the day that the third year of the child's life ends (= longest duration of 36 months) | |
|  | |  | |
| 3.2 duration of further sections during the first three years | | | |
| I wish to not fully use the parental leave of 36 months in the first section, but distribute it in up to two further sections before the end of the third year of life: | | | |
| 2nd section, from       to      (inclusive)  . | | | |
| 3rd section, from       to      (inclusive)  . | | | |

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| 3.3 Carrying over a part of the parental leave past the third birthday | |
| A part of the total parental leave of 36 months can be carried over to the period between the third birthday and the end of the eighth year of the child's life. It is recommended that you give notice of this before the end of the third year of the child's life. | |
| This entitlement is limited to 12 months for children born before July 1, 2015. For children born from July 1, 2015, on, it is limited to a maximum of 24 months. | |
| For children born before July 1, 2015: | |
| I wish to take parental leave from the 12-month section to which I am entitled during the following periods up to the  8th birthday of the child: | |
|  | 1st section from       to      (inclusive)  . |
|  | 2nd section from       to      (inclusive)  . |
|  | 3rd section from       to      (inclusive)  . |
| I have not decided when I will take the unused part of my parental leave of up to 12 months between the child's 3rd and 8th birthday. Where appropriate, I will apply for this in writing 13 weeks before the start of the period at the latest. | |
| For children born from July 1, 2015, on: | |
| I wish to take parental leave from the 24-month section to which I am entitled during the following periods up to the  8th birthday of the child: | |
|  | 1st section from       to      (inclusive)  . |
|  | 2nd section from       to      (inclusive)  . |
|  | 3rd section from       to      (inclusive)  . |
| I have not decided when I will take the unused part of my parental leave of up to 24 months between the child's 3rd and 8th birthday. Where appropriate, I will apply for this in writing 13 weeks before the start of the period at the latest. | |
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| **4. Employment during parental leave** | |
| I will not be employed during my parental leave | |
| I apply for part-time employment at Universität Regensburg during my parental leave  as a civil servant (Beamtenverhältnis)  as an employee | |
| from       to       of   hours a week | |
| from       to       of   hours a week | |
| from       to       of   hours a week. | |
| I will keep to a monthly average within the maximum permissible 32 hours per week. | |
| I wish to distribute my weekly working time in the following manner: | |
| from       to       work days:  Mon,  Tue,  Wed,  Thu,  Fri | |
| from      to       work days:  Mon,  Tue,  Wed,  Thu,  Fri | |
| from      to       work days:  Mon,  Tue,  Wed,  Thu,  Fri | |

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| I apply, in accordance with § 23 Para. 2 Clause 2 UrlMV, for approval to undertake part time employment outside the civil service (Beamtenverhältnis) |
| as a self-employed person |
| as an employee of the following employer: |
| from       to       of   hours a week |
| from       to       of   hours a week |
| from       to       of   hours a week. |
| I will keep to a monthly average within the maximum permissible 32 hours per week, |
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**Should the employment details given change, I will inform my place of employment without delay.**

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| **5. Signatures** | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and signature of applicant | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and signature of other parent |
|  |  |
| **Acknowledged:** |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and signature of the supervisor of dean | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and signature of the faculty administrator |

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| To the | Received by the payroll office |
| Landesamt für Finanzen |  |
| Office |
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**II. Association of statutory health insurance physicians declaration**

on reimbursement of health and care insurance contributions (§ 26 Para. 1 UrlMV)

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| Surname, forename of the person receiving the salary | | Date of birth | | | Geschäftszeichen (see yourBezügemiteilung) |
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| I will not be employed during my parental leave. | | | | | |
| During my parental leave, in the period from       to | | | | | |
| I will be employed as a civil servant (Beamter/Beamtin), judge, or as an employee with a minimal job not subject to obligatory social insurance contributions. | | | | | |
| I will be employed in a job subject to obligatory social insurance contributions (no reimbursement of contributions for this period). | | | | | |
| In the period from       to       I will take parental leave together with the other parent. | | | | | |
| If you are in the pay grades A3 to A8 (if your status is Beamte auf Widerruf im Vorbereitungsdienst, your entry position is decisive for your qualification level):  I apply for the reimbursement of the health and care insurance contributions insofar as these exceed 80 EUR per month.  Please inform us without delay should there be changes to the contributions for health and care insurance during the parental leave, by presenting a copy of the insurance certificate coming into force. | | | | | |
| Notes:  Expenditures for insurance which has been suspended are not eligible for reimbursement.  The following are not eligible for reimbursement as part of state-aid law compliant health and care insurance: contributions for supplementary tariffs (called Beihilfe-Ergänzungstarife in German, for example for dentures) and daily allowances for hospitalization, if the coverage is over 35 EUR per day. | | | | | |
| I hereby declare that the information I have supplied is complete and correct. I am aware that I am obliged to report every change in the relationships I have described here to the payroll office without delay, and that I will have to repay all benefits which were overpaid due to my reporting being missing, late or inaccurate.  **I enclose copies of the insurance certificates for my health and care insurance which are valid at the start of the parental leave (where appropriate with an explanation of the rate key).** | | | | | |
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|  |  | | |  | |
| Date | Signature of salary recipient | | | Contact telephone number | |