Holiday request form – Employees and Doctoral candidates
Faculty of Biology and Preclinical Medicine

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:	
	from:	to:	
	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