



**Send original to**

TU Dresden  
Directorate 2, Unit 2.2 + 2.3 Employees covered by  
collective bargaining agreement  
Unit 2.4 Part-Time Employees. Staff  
01062 Dresden  
**via your supervisor**

## Application for parental leave

\_\_\_\_\_  
Title, last name, first name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Residential address

\_\_\_\_\_  
Private email / phone number in case of queries (voluntary and revocable field)

\_\_\_\_\_  
School, Faculty, Institute, Chair, Central Unit, Directorate, Unit or other Organizational unit

My employee group (Please tick the box that applies):

Salaried employee

Researcher /Student Assistant

Dear members of TU Dresden,

For my child(ren)\*1 \_\_\_\_\_ (first and last name), born on \_\_\_\_\_, I would like to apply for parental leave for the period\*2 from \_\_\_\_\_ until \_\_\_\_\_ or for the following time periods (leave can be divided into three time periods):

Time period      Start (date)                      End (date)                      Time period      Start (date)                      End (date)

<b>2.</b>			<b>3.</b>		
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\*1 in case of multiple births only

\*2 Note: Parental benefits are paid based on the child's age in months, which do not necessarily correspond to calendar months.

I hereby declare that I live in the same household as the child(ren) named above and that I care for and raise them myself. I understand that I must notify Directorate Personnel without delay should there be any changes to these circumstances.

**I am providing the following documents as proof:**

(Please tick the boxes that apply)

- Birth certificate       Proof of guardianship (foster children)       Proof of adoption
- Proof from your health insurance company of receipt of maternity benefit payment (for mothers only)

**Part-time work during parental leave**

- During my period of parental leave from \_\_\_\_\_ until \_\_\_\_\_, I would like to apply for part-time employment totaling \_\_\_\_ hours per week (32 hours max. pursuant to BEEG) with a distribution of working hours over the weekdays: \_\_\_\_\_ (i.e. \_\_\_ working days per week).

**Statutory extension for Research Associates with temporary contracts in accordance with § 2 para. 1 WissZeitVG**

- I am applying for statutory extension pursuant to § 2 para. 5 no. 3 WissZeitVG.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Supervisor's signature:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the immediate supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Dean/Chairperson of the Department/Director/Board of Directors of the Central Unit/Other