

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				My employee group (Please tick the box	
Date of birth			that applie	<u>·s):</u>	
			0	Salaried employee	
Residential address				Researcher /Student Assistant	
Private email / phone number in cas	se of queries (voluntary and	revocable field)		C///	
School, Faculty, Institute, Chair, Cent	tral Unit Directorate Unit o	r other Organizational ur	.i+	X	
School, Faculty, Institute, Chair, Ceri	trai offit, birectorate, offit o	i otilei Organizationai di	iit		
Dear members of TU Dre	sden,				
For my child(ren)* ¹			(first s	and last name), born	
on, I would	like to annly for nar	rental leave for th			
	llowing time period				
Time period Start (date)	End (date)	Time period		End (date)	
2.	Life (date)	3.	Start (date)	Life (date)	
*1 in case of multiple births		3.			
 Proof from your health mothers only) Part-time work during points of points and points of points are the part-time employments. 	f. I understand that ages to these circum wing documents at a Proof of guardians insurance comparts and the proof of guardians arental leave from totaling hour	I must notify Directors as proof: ship (foster children of receipt of manager) until until es per week (32 ho	en) aternity bene , I woul	onnel without delay o Proof of adoption efit payment (for	
Statutory extension for	Research Associa	tes with tempora	ary contract	s in accordance with	
§ 2 para. 1 WissZeitVG					
o I am applying for statu	itory extension pur	suant to § 2 para.	5 no. 3 Wissz	ZeitVG.	
Date		Signature			
Supervisor's signature:					
Date	Signature of the	Signature of the immediate supervisor			
Date		_	Dean/Chairpersor	n of the ectors of the Central Unit/Other	