

**Max-Born-Institut**

**für Nichtlineare Optik und**

**Kurzzeitspektroskopie**

im FVB e.V.

Application for vacation / absence from work

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name, First Name | | |  | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | |  | |  |
| Remaining days of vacation from previous year: | | | | | | | | | | | | | |  | | **Day/s** |
| Vacation days in 20\_\_: | | | | | | | | | | | | | |  | | **Day/s** |
| Days already taken: | | | | | | | | | | | | | |  | | **Day/s** |
| Remaining: | | | | | | | | | | | | | |  | | **Day/s.** |
|  | | |  | | | | | | | | | | |  | |  |
| I apply for a vacation day on | | | | |  | | | | | | |  | | | | |
|  | | |  | | | | | | | | | | |  | |  |
| I apply for vacation from | | | |  | | | | to |  | | | | | | (including) | | |
|  | | |  | | | | | | | | | | |  | |  |
|  | Day/s of vacation | | | | | | | | | | | | | | | |
|  | Day/s of leave (Special leave / Compensation for extraordinary working hours) | | | | | | | | | | | | | | | |
|  | Reason for special leave: | | | | |  | | | | | | | | | | |
|  | Absence from work for special cases | | | | | | | | | | | | | | | |
|  | Reason for absence from work: | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Attention! Overtime compensation has to be requested via the nova time system (Workflow, http://admission)** | | | | | | | | | | | | | | | | |
| Vacation replacement: Mr./Mrs. | | | | | | |  | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | |
| Date | |  | | | | | | | | Signature Applicant | | | | | | |
|  | | | | | | | | | |  | | | | | | |
| **Approval:** | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | |  | | | | | | |
| Date | |  | | | | | | | | Signature Director | | | | | | |
|  | | | | | | | | | |  | | | | | | |
| **Check of Administration:** | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | |  | | | | | | |
| Date | |  | | | | | | | | Signature Admin | | | | | | |