

<b>Faculty / Academic Facility / Department / Project</b>

## Application to Change the Working Hours of a Student Assistant

Berlin, .....

☎ .....

To the  
President of TU Berlin

Notice: For data protection reasons, the filled-in form may not be sent via EDP (for instance, email).

**II T** \_\_\_\_\_  
via Faculty Service Center \_\_\_\_\_

via

- III PW (in the case of central funding)
- VC/VE (in the case of external funding)

Is the employee severely disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, does the Representative of Severely Disabled Employees object (for reasons, see separate sheet): <input type="checkbox"/> No <input type="checkbox"/> Yes
Date/signature of Representative of Severely Disabled Employees

I <input type="checkbox"/> agree with the change to the working hours <input type="checkbox"/> <i>do not</i> agree with the change to the working hours; for reasons, see separate sheet
Date/signature of Women's Representative

Please change the working hours for the employment relationship with Mr./Ms. .... Date of birth .....	
Address .....	
as student assistant <input type="checkbox"/> with teaching responsibilities (tutor)	
<input type="checkbox"/> without teaching responsibilities	
<input type="checkbox"/> without teaching responsibilities (external funding)	
to ..... hours per month as of ..... until .....	
<input type="checkbox"/> Budget funds	<input type="checkbox"/> Project funds
Approval by Faculty	Approval by VC:
Title/chapter	Title/chapter
Employment as	Project number
Cost center	Cost center
	Research project
_____ Signature of student assistant	_____ Signature of applicant
<small>Notice: The student assistant's signature on this Application does not obviate the requirement to conclude an amendment agreement</small>	

<b>Remarks</b>	<b>TU Berlin / P</b> II T	Date .....	<b>Staff Council for Student Assistants</b>
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In coordination with Staff Council, requesting participation in the decision in the case of an increase in working hours <b>p.p.</b>	
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