Faculty / Academic Facility / Department / Project Manager (stamp of the workplace)

Application for an Extension of the Employment as Student Assistant

Berlin, ...

☎ .....

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

To the President of TU Berlin

II T _____

via

☐ III PW (in the case of central funding)

☐ VC (in the case of external funding)

Is the employee severely disabled? □ No □ Yes If yes, does the Representative of Severely Disabled Employees object (for reasons, see separate sheet): □ No □ Yes	I □ agree with this proposal □ *do not* agree with this proposal; for reasons, see separate sheet
Date/signature of Representative of Severely Disabled Employees	Date/signature of Women's Representative

Please extend the **employment relationship with**

Mr./Ms. ..... Date of birth .....

Address .....

as student assistant ☐ with teaching responsibilities (tutor)

☐ without teaching responsibilities

☐ without teaching responsibilities (external funding)

with a total of ..... hours per month as of ..... until .....

☐ Budget funds ☐ Project funds

Approval by Faculty	Approval by VC:
Title/chapter	Title/chapter
Employment as	Project number
Cost center	Cost center
	Research project
In the case of an extension of less than two years, please state the reasons on a separate sheet	Follow-on employment in the same project ☐ another project ☐
Application is based on Resolution No. ____ of _____	with the following scope of work (explanation on a separate sheet, where applicable):
…….. Signature of student assistant	…….. Signature of applicant

Remarks:

TU Berlin / P Date …… II T …….. Phone …… **In coordination with** Staff Council, requesting participation p.p.	**Staff Council for Student Assistants**

TU Berlin Form March 2017