

Last name, first name: _____

Address: _____

Staff code: _____ TU phone: _____ Private phone: _____

Personal email address: _____
(optional)

Technische Universität Berlin
II T
Straße des 17. Juni 135
10623 Berlin

Request for Parental Leave

(Further information can be found in the handout "Mutterschutz-Elternzeit-Tarifbeschäftigte" at www.personalabteilung.tu-berlin.de/ Human Resources Section, A-Z, Maternity protection and parental leave - German page)

For the child _____, born on _____, (or expected due date), I hereby submit a binding request for the parental leave to which I am entitled for the following period:
(maximum duration until the child's third birthday. If your child was born before or on 30.06.2015, you can transfer up to 12 months of parental leave to between the child's third and eighth birthdays; for children born after 01.07.2015 you can transfer up to 24 months.

Start	End
<input type="checkbox"/> Directly following maternity leave	to
<input type="checkbox"/> Directly following maternity leave as well as vacation days taken from	to
<input type="checkbox"/> For fathers: From birth (birth certificate must be submitted as soon as possible)	to
<input type="checkbox"/> From	to
<input type="checkbox"/> From	to

- I have right of custody for the child.
- I am caring for the child of my spouse or legal partner (with the agreement of the parent who is legal guardian).
- I have taken the child with the aim of adoption.
- The child is in my full-time care (Article 33 SGB III) with the agreement of the parent who is legal guardian).
- Other: _____

I hereby confirm that the child lives in my household and will be cared for and raised by me. **I am aware that my request is binding for the first two years following the birth or arrival of the child.**

During parental leave, I intend to take up part-time employment of a maximum of 30 hours per week for the following periods with no impact on the parental allowance:

From _____ to _____, totaling _____% and

From _____ to _____, totaling _____% of regular working hours

at TU Berlin within the scope of my current employment

at _____

I agree to immediately notify my human resources team in writing of any changes that may affect parental leave or the permissible part-time employment

Signature, date of applicant

If applicable, signature of legal guardian, date

Supervisor confirmation/approval
Signature, Date