

Sender (research/artistic assistant)

Name:

First name:

Telephone:

Email:

Organizational assignment:

To
II T _____ via

Faculty Administration _____

Appendix to the Application for Subsequent Employment of Mr./Ms.

Availment of the family-policy component pursuant to Section 2 (1), Sentence 4 of the Wis-sZeitVG

Information on the qualification objective

- Doctoral degree
- Eligibility for appointment to the rank of university professor (habilitation or habilitation-equivalent achievements)
- Other (please specify: _____)

Non-achievement of the qualification objective during the permissible maximum employment period

- I hereby declare that I was unable to achieve the qualification objective due to the responsibility of care for my child/children.

Child/children

Name, first name: _____ Date of birth: _____

Name, first name: _____ Date of birth: _____

Information regarding the period of care for a child

I am looking after / I looked after my child/children within the meaning of the family-policy component in the period from _____ to _____.

Extension period

Family-policy component

- An application is being filed for the extension of the limited employment contract in accordance with Section 2 (1), Sentence 4 of the WissZeitVG (family-policy component) for the period from _____ to _____.

Extension up to the maximum limitation period in conjunction with the family-policy component

- An application is being filed for the extension of the limited employment contract in accordance with Section 2 (1) of the WissZeitVG up to the maximum limitation period for the period from _____ to _____ as well as for the extension of the employment contract in accordance with Section 2 (1), Sentence 4 of the WissZeitVG (family-policy component) for the period from _____ to _____.

Berlin, _____ Signature: _____

Confirmation by the head of the subject area: (Name, first name _____)

(Please submit, as an appendix, further information on the current state of the qualification procedure, including a time schedule specifying the further steps required for the achievement of the qualification objective within the extension period.)

Berlin, _____ Signature: _____

Form sheet for the approval of the application for extension on the grounds of the family-policy component according to Section 2 (1), Sentence 4 of the WissZeitVG

Date: _____

To
II FB01

1. Family-policy component

The application for extension **in accordance with Section 2 (1), Sentence 4 of the WissZeitVG submitted by**

Mr./Ms.
Name (research/artistic assistant):
First name:
Organizational assignment:
Faculty:
Telephone:
Email:

was approved on _____.

The contract is extended by a total of _____ months until _____.

2. Extension up to the maximum limitation period in conjunction with the family-policy component

The application submitted by

Mr./Ms.
Name (research/artistic assistant):
First name:
Organizational assignment:
Faculty:

regarding an extension of the limited employment contract **in accordance with Section 2 (1) of the WissZeitVG** up to the maximum limitation period as well as an extension of the limited employment contract **in accordance with Section 2 (1), Sentence 4 of the WissZeitVG** was approved on _____.

The contract is extended until _____.

The maximum limitation period will be reached on _____.

The extension in accordance with the family-policy component encompasses a period of _____ months in total.

II T____

Form sheet for the rejection of the application for extension on the grounds of the family-policy component according to Section 2 (1), Sentence 4 of the WissZeitVG

Date: _____

To
II FB01

The application for extension **according to Section 2 (1) of the WissZeitVG** (up to the maximum limitation period) **and Section 2 (1), Sentence 4 of the WissZeitVG** (family-policy component) submitted by

Mr./Ms.
Name (research/artistic assistant):
First name:
Organizational assignment:
Faculty:
Telephone:
Email:

was rejected.

Reasons for the rejection:

II T____

Head of Faculty Administration
Faculty _____