Return to: University of Greifswald Referat Personal Domstraße 14 17489 Greifswald



Request Form for the Employment, Extension and Alteration of Contract for the

	_						
Fac	culty:						
Inst	itute/ Department:						
Cha	air:						
Ple	ase employ Mr./Mr	s./Ms.:					
	For the period from	n:	_ to:	with average monthly work	ing of		
	hrs as a:						
	If the date for the start or end of contract is in the current month, please indicate the following:						
	☐ The full monthly working hours will be agreed						
	☐ The following amount of monthly hours will be agreed for the first or last month:						
	hrs in the firs	hrs in the first month (if the start of contract is in the current month)					
	hrs in the last month (if the end of contract is in the current month)						
	Following my requ	est from		k you to extend the contract for the contract for the contract date of			
	in accordance with the previous conditions or with following alterations:						
			at the same time, are t	s to receive the following not he reason for limiting this rec oncise and precise details):			

The requested employment period corresponds with the amount of time needed to reach the qualification goal (prognosis) or the duration of the project.					
if budget funded: definition and description of the qualification goal set out in the contract (e.g. PhD, achievements similar to a doctorate, publications)					
if mainly financed by third-party funds: Name of project:					
Duration of project:					
Donor:					
Payment is to be made using following funds:					
☐ Basic Provisions	☐ Appointment Agreement ☐	Central Administrative Tasks			
Project Funds (Third-Party)					
☐ Cost Centre	is to be indicated with	every request			
Greifswald, the	Faculty Member, Head of Department	Note of Approval: Dean of Faculty (not			

Graduate Assistant "Master"