



Faculty: _____

Institute/Department: _____

To
Referat Personal

Application Form for the Creation of a Lecturing Contract

For the Summer Semester: _____ For the Winter Semester: _____

The requested lecturing contract is required for the degree course: _____

1.

Description of lecturing contract: _____

Reasons why the requested lecturing contract is required:

Please note: If the lecturing contract requires involvement in university examinations, this cannot be paid for separately. However, this may be considered at the time of determining the amount to be paid for lecturing or the extent of the lecturing contract.

Type of Course:

Required Subject Optional Subject Voluntary

weekly basis fortnightly basis as a block course

from: _____ to: _____

Lecturer: _____ Please "Staff Form for the Lecturing Contract" submit

Title, Surname, First Name (s) _____

Full-Time Job: _____

2. a) The lecturer already has an employment contract at the University of Greifswald, on the basis of which he/she is or can be obliged to lecture.

yes

no

(if yes, please go to number 4)

b) the minimum pay rate for lecturing is 25.00 EUROS per single lecture (lecture of 45 minutes) and

for lecturers with a university degree or corresponding qualifications, up to a maximum of 50.00 EUROS.

€ _____

for lecturers with a university degree and with lecturing responsibilities similar to those of professors at universities, up to a maximum of 75.00 EUROS.

€ _____

c) Reasons for choosing the rate of payment, especially if is one of the highest rates stated above.

3.

The costs of lecturing are to be covered by

Title _____ from Cost Centre _____ provided.

Number of Lectures per Week _____

Travel Cost _____

Total Lectures _____ x Rate/Lecture _____ = _____ EURO

Accommodation Costs _____

in the Summer Semester: 14 weeks

in the Winter Semester: 14 weeks

Daily Expenses Allowance _____

Total _____

4.

Lecturing tasks will be made part of the main employment contract or are to be transferred in such a way that the work tasks of the main job are reduced.

The lecturer waives payment.

Date: _____

Signature of the Head of the Institute/Department

Request is agreed to in full

Request is agreed to with following alteration: _____

Date: _____

Signature of Dean

Staff Form for the Lecturer

Academic degree _____

Surname: _____

Maiden Name: _____

First Name (s) _____

Gender male female undetermined

Date of Birth: _____

Place of Birth: _____

Nationality: _____

Residential Address _____

Telephone Number: _____

Revenue Office Responsible (Finanzamt): _____

Place: _____ Date: _____

Signature of Lecturer

Attachment:

- CV (in particular with details of academic career), signed and dated
- Proof of academic tertiary education (e.g. Diplom, Master's, State Examination (*Staatsexamen*), Doctorate, Habilitation); copies of certificate and report (if applicable) for each