



HR Department
Domstraße 14
17489 Greifswald



Applicant:

Dept. / Institution / Org. Unit:

Tel.:

Date:

Request for Part-Time Work

- ☐ Initial request for a reduction in working hours (switch to part-time work)
☐ Continuation of part-time working status

Dear Sir/Madam,

I wish to apply for part-time work as of _____ (specify date on which you want to begin part-time work) with _____ hours/week

☐ for a temporary period until _____

☐ permanently

subject to approval

Reason: e.g. caring for a child, supporting a family member with care needs / desired distribution of working hours

Date

Signature

Written Statement from Applicant's Supervisor / Line Manager

The **weekly work schedule requested by the applicant** is

☐ approved ☐ not approved

Reason for supervisor's/line manager's decision

Date

Signature