

Surname, First Name(s):	Date of Birth:	
Department / Institution / Organisational Unit:		
To (Supervisor)		
For information only: Human Resources Department, Domstra	ւße 14, 17489 Greifswald	
		Date
Self-Reporting of O	verwork	
Dear		
To avoid any negative consequences for my workplace and with respect to my employment, I am writing to report that I am overworked and to provide details thereof. Please note that any possible errors or deficiencies in my work are the result of being overworked in the manner described below and that I am not responsible for said errors or deficiencies for the reasons given below. As a precautionary measure, I hereby reject any claim to legal recourse by third parties as well as any sanctions deriving from employment legislation covering public sector employees or civil servants.		
Description of work performed:		
Concrete specification of signs of overwork including da	te first observed :	
Reasons for overwork:		

 $\underline{\text{Details of remedial measures taken unsuccessfully to improve the situation:}}\\$