

Please complete the application with block capitals

form for UW employees

APPLICATION for the allocation of holidays

- 1. Applicant's name and surname
2. Applicant's SAP personal number or personal identification number (PESEL)
3. Contact phone
4. E-mail address if you wish to receive the invoice by e-mail
5. I apply for a vacation at the below place and during the below period:

place period
for the following persons (enter the applicant if they will also be present) provide the surname and name, degree of family relationship (spouse, child, other person), children's age:
1) 4)
2) 5)
3) 6)

Please complete items 6-9 if you are applying for a subsidized vacation.

- 6. Number persons sharing a common household..... (including ..... children up to 15 years of age)
7. I am a single parent: YES NO (cross out as unnecessary)
8. I hereby confirm that the average monthly gross income per person in the family, calculated according to the rules set forth under paragraph 7 sections 6-9 of the USBF Regulations, amounts to PLN:
9. If a child above the age of 15 is to use a subsidized vacation, please attach the certificate confirming continued school or university education.

I hereby confirm that all the data provided in the application are true to the facts.

(application submission date)

(applicant's signature)

PAYMENT FOR VACATIONS - TO BE COMPLETED BY THE OFFICE FOR PERSONNEL SOCIAL BENEFITS

Table with 6 columns: Net unit price (accommodation, food), Number of days, Net full fee, % payment net subsidized fee, VAT tax 8%, Gross value.

Number of the invoice ..... dated ..... Invoice adjustment .....