



LUNDS UNIVERSITET

APPLICATION FOR LEAVE

REVOCATION

Department (equiv.)	Personal id.number
	Int. mailing code
	Cost centre

Surname	First name
Address	
Postal address	

APPLICATION

Position	Percentage of post
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Type of leave	As of	Until	Percentage of leave	Notes
Parental leave (compensation from the Social Security Office)				Child's personal id.number / expected due date
				<input type="checkbox"/> Maternity allowance
Partial leave for children under 12				Child's personal id.number
Studies				
Other employment				
Other leave				
Revocation of leave				

Date	Applicant's signature
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STATEMENT

<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Substitute required	
Date	Signature of head of division (equiv.)/name in print
Respondent (name and tel.number)	

DECISION, by delegation

<input type="checkbox"/> The application/revocation is approved <input type="checkbox"/> Leave granted as of Until further notice, at most until	<input type="checkbox"/> Total salary deduction <input type="checkbox"/> Salary maintained
On behalf of the University Signature	Date Clarification of name