**Application for Contribution to Partial Coverage of Pre-School Education**

First and last name:

Date of birth:

Workplace:

Requested amount of contribution       CZK

Amount of required monthly payments for the pre-school facility:  CZK

Bank account of the pre-school establishment:

**Employee’s child:**

Name:

Date of birth:

**Affidavit:**

I hereby declare that all the data in the application are true and that neither I nor my spouse, partner, or any other person taking care of the child together with me have filed the application for this contribution at another component part of Charles University.

By signing this application I declare that I agree that the employer collects my personal data for the purpose of granting and providing contribution to partial coverage of pre-school education, treats or otherwise processes such data for the same purposes in accordance with Act no. 101/2000 Coll., on the protection of personal data and amendment of certain acts, as amended, and Regulation of the European Parliament and Council of the European Union 2016/679, on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and on the repeal of Directive 95/46/EC, known as GDPR (general regulation).

Date:       Employee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Necessary supplements:**

1. confirmation of the amount of the pre-school fee before the payment of the first invoice,
2. *upon approval of the application*, an invoice issued by pre-school establishment:
* the employee is required to deliver this invoice to the Personnel Office in a timely manner and issued at the correct amount and address,
* the invoice will be issued to the billing address of the faculty (Charles University, Faculty of Social Sciences, Smetanovo nábřeží 995/6, 110 00 Prague 1, ID no. : 00216208, tax ID no. : CZ 00216208),
* the invoice must always be issued for an amount equal to the employer's contribution (i.e. half of the required pre-school payment); the name of the child must be mentioned in the invoice text and the fact that s/he attends the pre-school establishment concerned.

**Employee is obliged to:**

1. return the contribution if it is inconsistent with the conditions for the claim.

**Statement by the personnel office:** [ ]  complies [ ]  does not comply

Date of commencement of employment at FSV: \_\_\_\_\_\_\_\_\_\_\_\_

Workload coefficient: \_\_\_\_\_\_\_\_\_\_

Amount of contribution: \_\_\_\_\_\_\_\_\_\_\_\_CZK

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Account office (the head of the Account Office):**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement by the head of the personnel department on the provision and payment of contribution:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information about the payment of contribution has been entered into the pay for the month of:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_