**Application for Contribution to the Coverage of Expenses for Professional Development**

First and last name:

Date of birth:

Workplace:

Requested amount of contribution       CZK

Title of the course:

Price of the course, incl. VAT:       CZK

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 the coverage of expenses for professional development, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the head of the employee’s workplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Necessary supplements:**

1. by 15th November of the respective year, submit the title of the course, organizer's designation and price including VAT,
2. an invoice issued by an educational 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) and the amount of the course price
   * the invoice must indicate the name of the employee attending the course and specification of the course.

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

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

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

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

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

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

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

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

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

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

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

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

**Delivered to the Account Office for reimbursement:**

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

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

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

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

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