

*Charles University, Faculty of Social Sciences*

**Application for a Contribution to Health Care**

**First and last name:** ……………………………………………………………...

**Date of birth:** …………….…...

**Workplace:** ……………………………………………………………...

**Level of workload at FSV**: …………………………………………………

**Duration of employment relations FSV UK:** …………….…...

**Affidavit:**

I hereby declare that in the year ………... I did not draw any contribution to the health care.

**Date:** ……………. **Employee’s signature:** ………………………..

**Statement by the personnel office:**  **complies** ………... **/**  **does not comply x)**

Date: …………….

……………………………………………………………...

**Statement by the account office:**

Date: …………….

……………………………………………………………...

**Approval by the Secretary of the faculty:**

Date: …………….

……………………………………………………………...

**Confirmation of the account office about receipt of a copy of the application for tax purposes and entry into the wage sheet of the employee:**

Date: …………….

……………………………………………………………...