

*Charles University, Faculty of Social Sciences*

**Application for a Contribution to Partial Coverage of Pre-school Education**

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

**Date of birth:** …………….…...

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

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

**Type of labour relations at FSV UK:** …………….…...

**Child of the employee: name, date of birth:** …………………………………………………

**Requested amount of contribution:** …………………………………………………

**Amount of required monthly payments for the pre-school facility:** …………….…...

**Bank account of the pre-school facility:** …………………………………………………

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

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

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

Date: …………….

……………………………………………………………...

**Statement by the account office with an indication of the amount of the contribution:**

Date: …………….

……………………………………………………………...

**Approval by the Secretary of the faculty of the payment of the contribution, coverage of the invoice and instruction to issue an invoice chargeable to the employee:**

Date: …………….

……………………………………………………………...

**Confirmation of the account office about receipt of the application for processing:**

Date: …………….

……………………………………………………………...

**Confirmation of the account office about receipt of a copy of the application (the provision of the contribution needs to be entered into the wage sheet of the employee as income exempted from the tax on dependent activity):**

Date: …………….

……………………………………………………………...