

*Charles University, Faculty of Social Sciences*

**Application for Non-repayable Financial Aid**

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

**Date of birth:** …………….…...

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

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

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

**Amount of requested financial aid:** …………………………………………

**Substantiation of the request:** ……………………………………………………………...

……………………………………………………………...

**A bank account of the employee where the faculty will send the financial aid:**

……………………………………………………………...

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

**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:**

Date: …………….

……………………………………………………………...

**Statement by the Dean of the faculty :**

Date: …………….

……………………………………………………………...

**Confirmation of the account office about receipt of a copy of the application for processing and payment of the amount:**

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: …………….

……………………………………………………………...