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

First and last name:

Workplace:

Requested amount of contribution       CZK

Title of the course:

Price of the course, incl. VAT:       CZK

By signing this request I declare that I agree that the employer will collect my personal data for the purpose of declaration and granting the reimbursement of costs for professional progress and that the employer can handle and process them for the same propose according to the provisions of law No. 110/2019 Sb. concerning the protection of personal data, as amended.

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 Department:**  complies  does not comply

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

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

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

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

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

**Head of the Personnel Department: Budget Supervisor:**

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

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

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