**Application for Contribution to Multisport Card**

First and last name:

Workplace:

**Affidavit:**

I hereby declare that in the year       I did not draw this contribution, and I did not apply for this contribution at any other integral part of the university.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement by the personnel office:**  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_