Name of the employee: …………………………………
Faculty/Component part: …………………………………

**Request for modification of working hours**

I hereby request a reduction in the workload to …………% (i.e. ……… hours per week), due to\*:

* care for a child under the age of 15
* pregnancy
* long-term care for a person dependent on the assistance of another natural person classified as level II, III or IV

In…………………. on…………………

Signature ……………………………………...

Opinion by the senior executive and his/her signature: ……………………………………………………………………………………………………..

Approval/disapproval by the authorized person:

* I approve
* I do not approve this request due to ……………………………………………………………

Signature: ……………………………………….