

## Application for reduction of working hours for SHK / WHB

Send to the Human Resources Department  
Attention: Department 4.3 ("Sachgebiet 4.3")

Through the official channel ("auf dem Dienstweg")

### Assistant:

Family Name, Given  
Name

Date of Birth

E-Mail Address

Faculty / Department

### Processor:

Family Name, Given  
Name

Telephone

E-Mail Address

E-mail copy to

Supervisor  
(responsible academic)

Staff Member Dept. 2.3

### Employment details:

previous employment

Hours per week

new employment

Hours per week

changes should be effective as of

AO-Nr.

To be filled in only by the administration

Attention: Only instructions for completion!

**Declaration of the assistant:**

I apply for the above change in my weekly working hours. With my signature I confirm that no further agreements have been made with my supervisor. I have been informed that the application will be legally binding only with approval from the University President and that legally binding statements regarding my employment may only be made in writing by the Human Resources (Department 4). I am aware that the hourly reduction will only take effect after being countersigned by a staff member of the human resources department.

\_\_\_\_\_  
(Date, Signature of assistant)

**Declaration of the supervisor:**

The assistant is employed in accordance with the guidelines for the employment and remuneration of academic and student assistants at the University of Paderborn in the currently valid version. I am aware that I can only accept work to the extent described, after the changes to the current contract have been countersigned by an authorized employee of the human resource department.

\_\_\_\_\_  
(Date, Signature of Supervisor)

**Declaration of the faculty management / department head (or commissioned representative)**

There are no concerns regarding the proposed changes.

\_\_\_\_\_  
(Date, Signature of Management or Department Head)

Attention: Only instructions for completion!