University of South Bohemia in České Budějovice Department: Faculty of Science

VACATION SLIP

	VIICHTION BEIT
Surname and firstname	
Department/ grant (Source of financing)	
Vacation for year	
Period of absence from-to/ total working days off	
Day of return to employment	
Employee's signature	
Date:	Signature:
Approval signature	Name:
Date:	Signature:
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