



## Application for allowance for employees with children under three

Name of the employee: \_\_\_\_\_

Department: \_\_\_\_\_

Working hours per week at the Faculty of  
Science: \_\_\_\_\_

Name of the child, month and year of birth: \_\_\_\_\_

Allowance requested from (month/year): \_\_\_\_\_

Overall cost of the nursing services (per month): \_\_\_\_\_ Kč

Requested allowance: \_\_\_\_\_ Kč

Date: \_\_\_\_\_ 14/06/2021 10:15

Signature of the applicant: \_\_\_\_\_

Recommendation of the chief of the department  
: recommended

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

Dean's statement: \*  
agreed  
disagreed

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

Attachment (evidence of payments to a third party):  
a care contract between the applicant and a third party or a statement of the fees due

\*Delete where necessary