Appendix

to Ordinance No. 105 of the Rector of the University of Warsaw of 27 September 2019

on the establishment of the procedure and criteria to grant consent to undertake additional employment with an employer conducting teaching or research activity

*Template*

......................................................................................

(academic teacher’s name and surname)

......................................................................................

(position, function)

………………………………………………………………………………….………………………...

(organisational unit (faculty, institute, department, section, etc.) full name)

**Rector**
**of the University of Warsaw**

Pursuant to Article 125, section 1 of the Act of 20 July 2018 – the Law on Higher Education and Science, I request consent to:

**undertake/continue\* additional employment under the employment relationship with**

(full name and address of the employer conducting teaching or scientific activity)

(in the case of a higher education institution or a scientific/research institute, please additionally indicate the name of the organisational unit, e.g. faculty, institute, or department in which the responsibilities will be carried out)

from ....................... for an indefinite period of time/for a fixed period of time from ……………. **\***

in the position of ........................................................., on the employment basis equal to ……................. of the full-time employment,

annual teaching workload: *……...* (name of the field of study:*…….………….*)

*\* delete as appropriate*

Warsaw, on...........................

....................................................

(employee’s signature)

**Opinion of the Dean/Head of the university-wide organisational unit**

|  |
| --- |
|  |

………………………………………………………………………

(date and signature

of the Dean/Head of the university-wide organisational unit)

**Rector**

|  |  |  |
| --- | --- | --- |
| I hereby grant my consent *………………………………..*(signature) | I refuse to grant my consent *………………………………..*(signature) | Date: ………………………….. |
| *Remarks:* |
| **Justification** (if consent is refused) |