

Universität Paderborn | Warburger Strasse 100 | D-33098 Paderborn

An die

Präsidentin der Universität Paderborn

- Personaldezernat -Auf dem Dienstweg

1.) Appl	lication for the participation ant	in alternating ho	me office/tele	working as a s	cientific employ
I hereby apply done remotely	to work partially from home. I	My position is suita	able for telewo	rking and includ	des work that may
Family Name:	:		Given Name:		11/4
Telephone Nr			Department:	C	Ά,
I care for a ch	ild in my household under the	age of 18 🗌 .		1	
There is a rela	ative in my household whom I	care for $\square$ .		(O)	
Full-Time Em	ployee . Part-Tim	ne Employee 🔲	with	Hours/week.	
Substitute ava	ailable by:		41.		
I take part in f	lexible working hours	yes 🗌	no 🔽		
The distribution	on of my working hours should	be from	b	as follows:	
Weekday	Working hours			011	
	I VVOIKING NOUIS		Home	e Office	
Weekuay		Availability Mo		Office Availability Af	ternoons
reckuay	Hour/Minutes on (Day)	Availability Mo	rnings	Office Availability Af from	ternoons to (time)
Monday				Availability Af	
_			rnings	Availability Af	
Monday Tuesday Wednesday			rnings	Availability Af	
Monday Tuesday Wednesday Thursday			rnings	Availability Af	
Monday Tuesday Wednesday			rnings	Availability Af	
Monday Tuesday Wednesday Thursday Friday My home wor	Hour/Minutes on (Day)  kplace is located at (City, Stre items  measures are required	et, Room):	rnings to (time)	Availability Af	
Monday Tuesday Wednesday Thursday Friday  My home wor The following (please list in	kplace is located at (City, Stre items  measures are required full detail):	et, Room): I to equip my home	rnings to (time) e workplace	Availability Af	
Monday Tuesday Wednesday Thursday Friday  My home wor The following (please list in	Hour/Minutes on (Day)  kplace is located at (City, Stre items  measures are required	et, Room): I to equip my home	rnings to (time) e workplace	Availability Af	
Monday Tuesday Wednesday Thursday Friday  My home wor The following (please list in  The one-off of There are mo	kplace is located at (City, Stre items    items    measures are required full detail):	et, Room): I to equip my home expected to amou	rnings to (time)  e workplace  nt to €. g. Internet).	Availability Af	

lly supported	
ot fully supported	; if possible, please list reasons
provided if necessa	ary, by Ms./Mr.
Signature of N	Manager/Supervisor
	in cilons for
OUN	
	ot fully supported provided if necessary