**Application for Contribution to Partial Coverage of Pre-School Education**

First and last name:

Workplace:

Requested amount of contribution       CZK

Amount of required monthly payments for the pre-school facility:  CZK

Bank account of the pre-school establishment:

**Employee’s child:**

Name:

Date of birth:

**Affidavit:**

I hereby declare that all the data in the application are true and that neither I nor my spouse, partner, or any other person taking care of the child together with me have filed the application for this contribution at another part of Charles University.

By signing this request, I declare that I agree that the employer will collect my personal data for the purpose of declaration and granting the reimbursement of costs for professional progress and that the employer can handle and process them for the same propose according to the provisions of law No. 110/2019 Sb. concerning the protection of personal data, as amended.

Date:       Employee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Necessary supplements:**

1. confirmation of the amount of the pre-school fee before the payment of the first invoice,
2. confirmation of the preschool facility that it is a school facility according to the law   
   No. 561/2004 Coll. on preschool, elementary, secondary, higher professional and other education, as amended, or in the children's group according to Act No. 247/2014 Coll. on the provision of childcare services in a children's group registered with the Ministry of Internal Affairs and Communications. If the children's group is not registered with the Ministry of Internal Affairs and Communications, the employee shall document   
   a confirmation from the operator of the group that it is an establishment operating a children's group that is not registered with the Ministry of Labour and Social Affairs
3. *upon approval of the application*, the invoice issued by pre-school establishment:

* the employee is required to deliver this invoice to the Personnel Office in a timely manner and issued at the correct amount and address,
* the invoice will be issued to the billing address of the faculty (Charles University, Faculty of Social Sciences, Smetanovo nábřeží 995/6, 110 00 Prague 1, ID no.: 00216208, tax ID no.: CZ 00216208),
* the invoice must always be issued for an amount equal to the employer's contribution (i.e., half of the required pre-school payment); the name of the employee and his / her child must be mentioned in the invoice text and the fact that s/he attends the pre-school establishment concerned,
* payment confirmations other than invoices can´t be accepted.

**Employee is obliged to:**

1. return the contribution if it is inconsistent with the conditions for the claim.

**Statement by the Personnel Department:**  complies  does not comply

Date of commencement of employment at FSV: \_\_\_\_\_\_\_\_\_\_\_\_

Workload coefficient: \_\_\_\_\_\_\_\_\_\_

Amount of contribution: \_\_\_\_\_\_\_\_\_\_\_\_CZK

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Head of the Personnel Department: Buddget Supervisor:**

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