AVOM FORM SAVING LEAVE FOR ADJUSTMENT WORKING HOURS AND/OR SABBATICAL

*Your AVOM application should preferably be submitted via NWO-I People*

*Please note! Employees of NIOZ and CWI use the AVOM forms that are available at their institute.*

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation unit : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Objective 6: Saving leave for adjusted working hours**

The number of non-statutory hours of leave to be saved\*: \_\_\_\_\_\_\_\_

*\* You can save a maximum of 890 hours of leave over and above the statutory entitlement over a maximum period of five years.*

**Objective 7: Saving leave for sabbatical**

The number of non-statutory hours of leave to be saved\*: \_\_\_\_\_\_\_\_

*\* You can save a maximum of 520 hours of leave over and above the statutory entitlement over a maximum period of five years.*

**Sources:**

* I want to use the number of hours of leave as follows:

 Number of hours of leave: \_\_\_\_\_\_\_\_\_ in the year: \_\_\_\_\_\_\_\_\_

 Number of hours of leave: \_\_\_\_\_\_\_\_\_ in the year: \_\_\_\_\_\_\_\_\_

 Number of hours of leave: \_\_\_\_\_\_\_\_\_ in the year: \_\_\_\_\_\_\_\_\_

 Number of hours of leave: \_\_\_\_\_\_\_\_\_ in the year: \_\_\_\_\_\_\_\_\_

 Number of hours of leave: \_\_\_\_\_\_\_\_\_ in the year: \_\_\_\_\_\_\_\_\_

I declare that by signing the application form:

* When I start saving leave, after mutual agreements have been made with the employer about how and for which period the worktime will be adjusted. These mutual agreements can be found in the annex to this application.
* I have read the information provided on the NWO-I website about the possible consequences of my choice as equally Annex 3 of the Collective Labour Agreement Research Institutions, and that I agree with the provisions stated in this regulation.
* I agree with a change in my employment contract in line with the choice I have given on this form.

Date: Signature employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Processing P&O / Salary administration (SA)

Registration number : Processed by P&O on / initialled : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start date appointment : Check P&O dated / initialled : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date appointment ended : Processed SA dated / initialled : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Check SA dated / initialled : \_\_\_\_\_\_\_\_\_\_\_\_\_\_