
(surname, first name)

(department/division/location)

To the
Kassel University
Human Resources and Organization
Department Mönchebergstr. 19
34109 Kassel

I do not engage in any sideline activities.

Signature

<p>I am <input type="checkbox"/> Civil servant/professor in salaried employment/extern/guest professor</p> <p>I hereby apply for approval in accordance with § 73 HBG and notify the following secondary activity in accordance with § 74 Para. 2 Sentence 1 HBG:</p>	<p>I am <input type="checkbox"/> Salaried employee/tariff employee</p> <p>Herewith I show according to § 3 Abs. 4 i. d. F. des § 40 No. 2 No. 2 TV-H the following secondary employment:</p>
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1. Activity:

- a) Type of secondary employment: (please explain, if necessary on an additional sheet; attach evidence e.g. contractual agreements on secondary employment)*.

- b) Name of the employer or client:

2. Duration and scope of the secondary activity:

in the period from _____ to _____

per week _____ Hours,

per month _____ Hours,

per year _____ Hours.

outside working hours during working hours

- a) Duration
on the following weekdays

from _____ clock until _____ clock.

- b) Official or other interest, which is why the secondary activity must be carried out in whole or in part during working hours:

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- c) I will make up the working time missed due to secondary employment.

Yes

No

3. Remuneration or pecuniary benefits from the secondary activity: (please attach evidence e.g. certificates of employment, own invoicing for the secondary activity, balance sheet of the company operated, etc.)^{*}.

Amount of gross
remuneration per

Hour

Month: EUR _____

Expected gross annual remuneration: EUR _____

Monetary advantages

(e.g. reimbursement of travel expenses, accommodation, shopping vouchers

etc.) in the amount of _____ EUR

4. Use of personnel, material and facilities (including official premises) of the State of Hesse for the exercise of the secondary activity:

- a) Type of use

-
- b) Extent of use
-

5. Other sideline activities subject to approval and notification that are carried out in the same period with the sideline activity applied for:

Date of secondary employment notification/date and file number of approval:

I dutifully assure the completeness and correctness of the information I have provided and undertake to notify any changes in writing without delay. I am aware that the secondary activity subject to approval may not be carried out or continued until approval has been granted and that the secondary activity subject to notification may only be taken up after written notification.

Date:

Signature

Statement of the supervisor(s)

Statement of the immediate superior. In the case of professors, statement of the dean.

Concerns about engaging in secondary employment: yes no

Justification (just in case there are any concerns about performing the secondary job):

(place, date)

(Signature)

If concrete information cannot be provided at the time of application/notification, at least approximate information must be provided. Details that are initially only approximate must be provided in writing without delay and without being requested to do so.

The following attachments are attached:
