Faculty of Natural Science

**Institute of Computer Science**

### Absence form

Family name:       First name:

Supervisor: Prof. Dr. O. Nierstrasz

Absent from:       until:

Number of working days:

SCG calender updated:

**Reason of absence:**

**Holidays**  **Marriage\***

(Up to two working days)

**Sickness / accident**  **Childbirth**

(Inform the secretary the same day. (Father: up to ten working days)

More than six days: a medical certificate

must be submitted)

**Military Service**  **Sickness / death in family\***

(Apply for EO form) (Up to four working days)

# Working remotely from Change of residence\*

City: (Up to two working days)

**Conference / course participation**

Name :

\* Paid leave max. six days per year

**Applicant:**

Bern,       Signature:..........................

**Agreed:**

Bern,       Signature:..........................