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:..........................