

 Faculty of Natural Science

 **Institute of Computer Science**

Software Composition Group

### Absence form

Family name:       First name:

Supervisor: Prof. Dr. O. Nierstrasz

Absent from:       until:

Working days:

**Reason of absence:**

[ ]  **Holidays**  [ ]  **Marriage \***

 (up to 2 working days)

[ ]  **Sickness/accident**  [ ]  **Childbirth**

 (Inform the secretary the same day. (Father 10 working days)

 More than six days, a medical certificat
 must be submitted. SWICA Form to HR after 30 days.)

[ ]  **Military Service**  [ ]  **Sickness/Death in family \***

 (Apply for EO form) (up to 4 working days)

# [ ]  Working remotely from [ ]  Change of residence \*

 City:       (up to 2 working days)

[ ]  **Conference/Course Participation**

 Name:       City:

**\*Paid leave max. 6 days per year**

Applicant:

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

Agreed:

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

Iris/Personal/Absence form 0715