

Faculty of Natural Science

**Institut of Computer Science**

**and Applied Mathematics**

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 0415