





Attachment No. 1 to the Rector's Ordinance No. 75/2020

## 1. Personal data:

N	ame and							
St	ırname:							
Jŀ	KU unit :							
e-	e-mail address:		P			Phone number:		
C	ountry, destinati	ion city:						
Н	ost institution na	me:						
D	ate of	departure	Date	of	return:	Number	of	da
		APP	LICATION	N FOR A	WORK TR	IP .		
	completing a	research intera didactic intera in the confer	rnship; ence;	cted with	a foreign enti	ty on the ba	sis of a scientif	ic
	other: Substantive justi	fication for t	he trip:					
	other:	fication for t	he trip:			Estimated	Source of	
	other:  Substantive justi  Estimated costs	fication for t	he trip:			Estimated cost:	Source of funding:	
	other:  Substantive justi  Estimated costs	fication for t						
	Estimated costs Type of benefits  Journey: Plane: Train: Travel allowand	fication for t						
	Estimated costs Type of benefits  Journey:  Plane: Train:	fication for t						
	Estimated costs Type of benefits  Journey: Plane: Train: Travel allowand	fication for t  : s:   Coach:						
	Estimated costs Type of benefits  Journey: Plane: Train: Travel allowance Residence allow	fication for t  : s:   Coach:						
	Estimated costs Type of benefits  Journey: Plane: Train: Travel allowance Residence allow	fication for t  : s:   Coach:						
	Estimated costs Type of benefits  Journey: Plane: Train: Travel allowance Residence allow Hotel allowance Lump sum:	fication for t  : s:   Coach:						
	Estimated costs Type of benefits  Journey: Plane: Train: Travel allowance Residence allow Hotel allowance Lump sum:	fication for t						







4.		Bank account number:  Declarations							
	1)	I undertake to provide the Department of Science with all documents necessary to settle the advance payment received within 14 days from the date of return to the country. At the same time, after the expiry of the settlement period, I authorize the University to deduct the unsettled advance payment from my remuneration in accordance with Art. 87 of the Labor Code, with a scholarship or remuneration under a civil law contract, I declare that for the period of the trip I will be insured against accidents and treatment costs for the period of stay outside the country (including travel) and I take responsibility for the consequences of failure to take out an appropriate travel insurance policy.							
		(date and signature of the outgoing)							
	_	oinion of the immediate superior (in accordance with the principles referred to in the gulations):							
	_	gurations).							
		(date and signature of the immediate supervisor)							
5.	Opinion of the Director of the Doctoral School ** (in accordance with the rules referred to in the regulations):								
	• • • •								
	• • • •								
	• • •								
	•••								
		(date and signature of the director)							
	Co	onfirmation of correct cost estimate							
	• • • •								
	•••	(date and signature of the certifying employee)							
6.	De	cision:							
	••••								
		(date and signature of the Rector or authorized person)							

<sup>\*</sup> mark as appropriate

<sup>\*\*</sup> in the case of doctoral students - the opinion of the Director of the Doctoral School