

CENTRAL UNIVERSITY ADMINISTRATI ON

Notification of	secondary activity				
Last name, first	name	Official/se	Official/service title		
Faculty/institute	/establishment/tel.				
Type of seconda	ary activity (attach any contra	acts, etc. and/or other relevant su	pporting docume	ents)	
Name and addre	ess of the employee(s)				
Details of the s	secondary activity				
•	duration of the secondary including travel and prepared			to Hours per week	
				Hours per month	
				Total hours	
	ry out all or part of the sec ecific reasons for doing so	condary activity during working)	hours: yes No		
	current teaching obligation mester periods (target)	ns in the main office (academi	c staff only):		
Number of ser	mester periods (actual)				
Estimated remuneration/income/monetary benefits per month Total					
Use of facilities	s, staff and materials of the	e University of Rostock			
The use of fac	cilities, staff and materials	is not permitted unless expre	•	•	:hi
	Period (from-to)	Scope (hours/week)	Notes		
Facilities					
Staff					
Materials					

Declaration:

I am aware that I must report any secondary activity in good time (usually at least 1 month in advance) and that secondary activities must be carried out outside of my usual working hours. I must report any changes immediately to the HR and Staff Development Department. I have taken note of the above information on the use of facilities, personnel and materials.

I am aware that undertaking the secondary activity may be prohibited or subject to conditions. Income from secondary activities in the public sector may be subject to special provisions.

I hereby assure that the information I have given is correct and complete.				
	Signature			
Statement from the specialist supervisor				
☐ There are no concerns about taking up this secon☐ The teaching obligation is fulfilled (for academic s				
There are concerns about taking up this seconda (e.g. conflicts of interest, considerable time or physical personnel, because it takes place during working hour	demands, as a result of the use of facilities, materials and			
A local description of the Board of Birth	Signature of the Department Supervisor			
Acknowledgement of the Dean or Head of Divisio	n 			
	Signature of the Dean or Head of Division			