Note: the English version of this document is for information purposes only

Please complete the application with block capitals

Detailed information on data processing can be found at:

form for UW employees

APPLICATION for a recreational subsidu

| | for a recreational subsidy |
|------|--|
| | organized, purchased at another institution organized individually, so called "self-arranged vacations" |
| 1. | Applicant's name and surname |
| 2. | Applicant's personal identification number (PESEL) or personal number in SAP |
| 3. | Contact phone |
| 4. | I hereby represent that I was on vacation in the following period: |
| | from to |
| 5. | I apply for a subsidy for the below entitled beneficiaries (enter the applicant if they apply for the subsidy): |
| | 1 |
| | |
| | 3 |
| | - in the case of children above the age of 15: an original copy of a certificate confirming continued school or university education (full-time first or second cycle studies, or long-cycle studies), or a decision of an institution authorized to assess the degree of disability confirmed to be a true copy of the original, - original copy of the invoice/bill issued by the entity authorized to organize recreation, including the names of the individuals taking the vacation, the unit price of the vacation for each person listed and the date of stay. |
| 6. | Number of persons sharing a common household |
| 7. | I am a single parent: YES NO (cross out as unnecessary) |
| | rules set forth under paragraph 7 sections 6–9 of the USBF Regulations, amounts to PLN: |
| | I hereby confirm that all the data provided in the application are true to the facts. |
| | |
| •••• | (application submission date) (applicant's signature) |
| | (apprearior submission date) |
| rep | hen single parents with low income and large families (family with three or more children) with low income apply for beated subsidy for a child/children, it is required to document the above-mentioned circumstances (USBF egulations). |
| Th | e subsidy shall be disbursed in the manner stipulated for work remuneration payment. |
| Su | To be completed by the Office for Personnel Social Benefits. bsidies for organized recreation Subsidies for self-arranged vacations |
| | om the price of PLN x% in the amount of persons x PLN PLN |
| Th | e controller of the personal data provided above is the University of Warsaw. |

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