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

Please complete the application with block capitals   **form for UW**
pensioners/disability pensioners

APPLICATION
for the allocation of holidays

1. **Applicant's name and surname** ………………………………………………………………………

2. **Applicant's personal identification number (PESEL)**
   ………………………………………………………………………

3. **Contact phone** ………………………………………,……………………………………………………

4. **E-mail address if you wish to receive the invoice by e-mail**
   ………………………………………………………………………

5. **I apply for a vacation at the below place and during the below period:**

   place   **period**

   …………………………………………..   …………………………………………………………..

   for the following persons (enter the applicant if they will also be present) provide the surname and
   name, degree of family relationship (spouse, child, other person), children's age:

   1) ……………………………………………   4) ……………………………………………………
   2) ……………………………………………   5) ……………………………………………………
   3) ……………………………………………   6) ……………………………………………………

Please complete items 6–9 if you are applying for a subsidized vacation.

6. Number persons sharing a common household……… (including …… children up to 15 years of age)

7. I am a single parent: **YES**   **NO**   (cross out as unnecessary)

8. I hereby confirm that the average monthly gross income per person in the family, calculated according to the
   rules set forth under paragraph 7 sections 6–9 of the USBF Regulations, amounts to PLN:
   ....

9. If a child above the age of 15 is to use a subsidized vacation, please attach the certificate confirming
   continued school or university education.

   I hereby confirm that all the data provided in the application are true to the facts.

....   ………………………………………………….
  (application submission date)   (applicant's signature)

PAYMENT FOR VACATIONS – TO BE COMPLETED BY THE OFFICE FOR PERSONNEL SOCIAL BENEFITS

| Net unit price | | Number | Net full fee | % payment | VAT tax 8% | Gross |
accommodation	food	of days		net subsidized fee		value

Number of the invoice ……… **dated** ……………………….   **Invoice adjustment** ………………………

The controller of the personal data provided above is the University of Warsaw. Detailed information can be
found at www.uw.edu.pl/pracownik/wsparcie-socjalne-dla-pracownika and on information boards in the Office
for Personnel Social Benefits.