University of South Bohemia in České Budějovice

Department: Faculty of Science

**VACATION SLIP**

|  |  |
| --- | --- |
| **Surname and firstname** |  |
| **Department/ grant**  **(Source of financing)** |  |
| **Vacation for year** |  |
| **Period of absence from-to/ total working days off** |  |
| **Day of return to employment** |  |
|  |  |
| **Employee´s signature**  Date: Signature: | |
| **Approval signature Name:**  Date: Signature: | |

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