**Questionnaire for the ACJ/APW (select)**

**To be completed by the person arranging the work**

|  |  |
| --- | --- |
| Last name, first name, title: |  |
| Employee's personal number: |  |
| Period of the agreed work: (from – to/ indefinitely)  |  |
| Agreed work(designation of the type of work): |  |
| More detailed work specifications:\*(at least two activities) |  |
| Place of work:\*\* |  |
| Agreed range of hours: | maximum ........ hrs. |
| Agreed scope of work:**(select the schedule option of the work from the available options)** | **Select one option/point****Scheduled by the Employer** * The Employer has set the working time schedule in writing and the Employee confirms that he/she has been informed of it by signing this agreement. *(the timetable should be attached to the agreement, but it is not part of it, e.g. for an educator a timetable from Stag, for a janitor a shift timetable – irregular)*
* Work is expected to be carried out at times From ........... hrs - to ........... hrs...., ........ days/week.

......................................................... (*e.g. Monday, Tuesday*)This assumption shall be considered as a working time schedule. *(longer-term ACJ with a regular schedule – no longer attached, but included in the agreement)***The Employee schedules himself*** The Employer and the Employee have agreed that the Employee will schedule his/her own working hours. The Employee shall inform the person designated to take over the work of the schedule (and any changes to it) before starting work.

**One-off** *(short-term, e.g. one-day, activity can be carried out outside USB)** From ............ hours – to ............. hours.

 This assumption shall be considered as a working time schedule. |
| Person designated to take over the work: |  |
| Negotiated remuneration for work performed: | .......... CZK/hour, i.e. .......... CZK total (before tax) |
| Other arrangements:(e.g. travel reimbursement entitlement) |  |
| Operation principal: |  Signature: |
| Budget manager: | Signature: |
| Source of funding: | **CC:**  |
| **AT:**  |
| **Action:**  |
| **CI:**  |

\*or independent content of work

\*\*in the case of remote work, the place of work and the term ‘remote work’ must be indicated

Note: if a trial period is agreed, state from when – until when

**To be completed by the Employee**

**(only if he/she does not have employment at USB)**

|  |  |
| --- | --- |
| Last name, first name, title: |  |
| Date of birth: |  |
| Birth number:  |  |
| Place of birth: |  |
| Permanent residence: |  |
| Health insurance company: |  |
| Account number: |  |
| Contact: |  |

**To be completed by foreigners only**

|  |  |
| --- | --- |
| Passport/ID number: |  |
| Account number: |  |
| Name and surname of the account holder: |  |
| The address of the account holder: |  |
| IBAN:  |  |
| SWIFT:  |  |
| Name and address of the bank: |  |
| ABA routing/routing number: |  |

**To be completed by associate professors and professors**

Appointment (doc., prof.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Scope** | **HEI procedure** | **Date** |
|  |  |  |  |
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Academic degrees **listed** **before the name**, or foreign degrees **listed** **before the name** obtained by studying at a foreign HEI

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Degree programme** | **Field** | **Date** |
|  |  |  |  |
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Academic, academic-scientific and scientific degrees **listed after the name**, scientific degrees and foreign degrees **listed after the name** obtained by studying at a foreign HEI

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Degree programme/ Field of sciences** | **Field/Field of Science** | **Date** |
|  |  |  |  |
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