Universität Bremen

Notes
on the application for a reduction in the regular weekly working time

For general information, please visit our website at https://www.uni-bremen.de/dezernat2/service-a-z

Please complete the application form in full. Please do not print out this page.

The application must be submitted at the latest*)

12 weeks before the start of the reduction in weekly working hours to the line manager

and

8 weeks before the start of the reduction in weekly working hours by the supervisor to the responsible team in Department 2.

Before the application is signed by the supervisor, a discussion should be held between the applicant between the applicant and the line manager based on the 'Guidance for managers on applications for Guidelines for Managers on Applications for Reductions in Working Hours and Leave of Absence'.

Number of applications to be submitted:
Scientific employees: 2 copies (1 original and 1 copy - to be submitted via the department administration)
Administrative and technical staff: 3 copies (1 original and 2 copies).

If you reduce your weekly working hours for an indefinite period, you will receive a new employment contract and will no longer be entitled to an increase in your working hours to the previous extent!

However, in accordance with § 11 Para. 3 TV-L, full-time employees at whose request permanent part-time employment was agreed should be given preferential consideration when filling a full-time position at a later date if they are equally suitable within the scope of official or operational possibilities.

*) Exceptions are unplanned events. In this case, coordination with the line manager is possible at any time.

Last name, first name	Phone	e-Mail
Service designation	Area	Personnel no.

Receipt stamp Department 2

Application for a reduction in regular weekly working hours

Dear Sir or Madam,

I am applying for a reduction in my regular weekly working hours

to _____ weekly hours.

☐ unlimited from _____ (please note the information on the first page!)

☐ limited for the period from _____ till _____

☐ according to § 11 (1) TV-L for family reasons

☐ for the following reason: _____

I would like to distribute my reduced weekly* working hours as follows:

	Monday	Tuesday	Wednesday	Thursday	Friday
daily working time					

A part-time job is held during the reduction: ☐ yes / ☐ no

_____ _____

Date Signature

Supervisor: ☐ agree ☐ disagree (reason required)

Discussion of the application for a temporary reduction in working hours in accordance with the guidelines for managers took place on _____ .

_____ _____

Date Signature

* the number of working days is relevant for the vacation calculation. **Attention!** No renewed application for reduction in the event of a change in working hours, but only notification to Dec. 2 is required.