		Date:	
Last name, first name	Phone:		
Job title	Function	Personnel number	
full-time	part-time	on leave	

University of Bremen - Department 2 -

Notification of secondary activity						
I herewith give notification that I wish to pursue a secondary activity:						
Type (please give details and attach the following documents)						
Contracting entity if agreed to, the contracting entity will receive a copy.						
Period from:	till:					
Time involved	When?					
Hours p.w.:	during working time					
if teaching activity:	☐with reduction in main duties					
per week , in total:	outside working time					
Is use of publically owned facilities/materials or personnel involved?						
□ No □ Yes						
If so, please provide description:						
I will receive (please provide correspondi	ng evidence with this application)					
the following remuneration:	the following non-cash compensation:					
the following remaineration.	the following non-easil compensation.					
Dou you exercise any other secondary activities?	□ _{No} □ _{Ye}					
If so, please provide description?						
Date, signature						

- Not to be completed by applicant-

Statement of the organizational unit (Spokesperson/Leader):					
Date, signature					
Statement of line manager/superior (Department 2):					
 No objections □ Objections (see attached grounds). □ No objection within working time, as the activity is in the public interest □ No objections provided there is reduction in main duties. 					
	Use of	☐ facilities	material material	personnel	
☐ No objections					
☐ No objections (see attached grounds).					
				On behalf of University of Bremen	
Bremen,					
Bromon,			Signature		