**Permission for the stay at the premises of A35 UCB building outside the ordinary working hours**

Full name: …………………………………………………………………………………………..,…… ..

Work position: ………………………………………………………………..……………………………..

Student´s study programme: ………………..**DSP/MSP/BSP**………………………………………..…..

Institution – workplace:……**71…….. CEITEC MU, Research Group..**..............................................

**I ask for a permission to stay at the workplace outside the ordinary working hours** which are specified in the Operating Instructions of UCB (Provozní řád UKB), **from** **6 a.m. to 9 p.m. Monday to Friday.**

Permission for the stay in the period of (week days, Saturday, Sunday, bank holiday)

from …………………………to ………………….…………

Purpose of the application:

I hereby agree that I will report my presence at the workplace to the Central Security Point (Pult centrální ochrany), **extension 4450 or 2929**, each time I **enter** or leave the building outside the ordinary working hours. I will provide my full name, the number of the building, or (if relevant) number of the room and telephone number at the workplace.

**While staying** at the workplace, I will follow all the rules and instructions regarding the occupational health and safety, fire protection and energy saving. **On leaving** the premises, I will inform the Central Security Point, turn off the lights, close the windows and close the door of the building. If I am the last one to leave the premises of the research group, I will put an electronic security system into operation.

Date……………… Employee´s (Student´s) signature ..............................................................

**In case of a student**, the responsible supervising person is: ...................................................................................

 Supervisor´ signature .....................................................................................

**Approval of the Supervisor (Group Leader/Head of Research Centre):** …………………………………….

Date ………………. Supervisor´s signature ...................................................................................

The Director of the Institution bears full responsibility for the permit for the stay at the premises of the A35 building.

**I grant the permit – I do not grant the permit**

Date …………….. Signature of the Director of the institution……………………………………