

**Application for Salary Claims for Night Work, Work on Saturday, Sunday and on Holiday and for On-Call Time Work**

☐ **Night work**

☐ **Work on Saturday and Sunday**

☐ **Work on holiday**

☐ **On-call time work**

|  |  |
| --- | --- |
| Salary component number | ☐ 210 – Saturday, Sunday☐ 211 – Night☐ 212 – Holidays☐ 240 – On-call time |
| Order number |  |
| Activity number |  |
| Faculty account number |  |
| Work costs |  |

|  |  |  |  |
| --- | --- | --- | --- |
| University ID number (UČO)  | Surname, name  | Hours to be paid  | Period |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Date of payment: with the salary for …………………………………

Applicant: ……………………………..

(if different from the approving person)

Approving person (Head of Department): …………………………………...

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*Record of preliminary management control on of expenses prior to obligation commencing within the meaning of relevant provisions of Act No. 320/2001 Coll., on Financial Control, and Decree No. 416/2004, Coll., on implementation of the Act on Financial Control.*

|  |  |
| --- | --- |
| *Transaction Originator:*  | *Budget administrator:*  |
| *Identified deficiencies: see annex* | *Identified deficiencies: see annex* |
| *On:*  | *On:*  |
| *Transaction Originator signature:* | *Budget administrator signature:* |