Annex No. 1

**Request for wage claims for night work, work on Saturday, Sunday and public holiday and for work duty**

☐ **Night work**

☐ **Work on Saturdays and Sundays**

☐ **Work on public holidays**

☐ **Work duty**

|  |  |
| --- | --- |
| Wage composition number | ☐ 210 – Saturday, Sunday☐ 211 – night☐ 212 – public holiday☐ 240 – work duty |
| Order no. |  |
| Activity no. |  |
| Faculty account no. |  |
| Cost workplace |  |

|  |  |  |  |
| --- | --- | --- | --- |
| University personal no. (UČO)  | Surname, name  | Hours to be paid  | Period |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Term of payment: with the wage for

Proposer: ……………………………..

(unless identical with the approver)

Approver (head of the department, workplace): …………………………………...

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*A record of pre-control check of expenditure prior to the occurrence of the liability under the relevant provisions of Act No. 320/2001 Coll., on Financial Control and Decree No. 416/2004 Coll., implementing the Act on Financial Control.*

|  |  |
| --- | --- |
| *Orderer of the operation:*  | *Budget administrator:*  |
| *Found deficiencies: See the Annex* | *Found deficiencies: See the Annex* |
| *Date:*  | *Date:*  |
| *Signature of the orderer of the operation:* | *Signature of the budget administrator:* |