Annex No. 4

# Agreement of a Sabbatical at Masaryk University

Information about the visiting person\*

\* The following data will be processed in accordance with Regulation (EU) No. 2016/679 of the European Parliament and of the Council on the Protection of Natural Persons with Regard to the Processing of Personal Data and on the Free Movement of Such Data, and repealing Directive 95/46/EC (General Data Protection Regulation) (hereinafter referred to as “Regulation”) and Act No. 101/2000 Coll., on the Protection of Personal Data and on the Modification and Amendment of Other Acts, as amended, and in accordance with the Directive No. 1/2018, on Personal Data Processing and Protection.

|  |  |
| --- | --- |
| Name and surname (Including degrees) |  |
| Date of birth |  | Sex | female | [ ]  | male | [ ]  |
| ID / passport number |  | Nationality |  |
| Health insurance company |  |
| Permanent address |  |
| Contact address |  |
| E-mail |  | Telephone |  |
| Contact person\* |  |
| E-mail\* |  | Telephone\* |  |

\*optional

Home institution name and address:

Agreement of a Sabbatical at MU

|  |  |
| --- | --- |
| Host MU unit name |  |
| Host unit head name (sabbatical guarantor) |  |
| Period of stay at MU | From |  | To |  |

Stay purpose:

Brief description of activities planned at MU:

The visiting person is authorized to stay and work at the following MU units\*:

\*The visiting person has been acquainted with relevant units’ rules.

*Attached and inherent to this Agreement are statements pertaining to the Agreement of a Sabbatical at Masaryk University.*

*The Agreement and related statements are made in three copies: one for the visiting person, one for the host unit head and one for the relevant unit’s personnel office.*

In Brno on       …..………………………….

visiting person’s signature

………………………………… ………………………………

signed the host unit head signed MU constituent part head

**Statements for the Agreement of a Sabbatical Leave**

**at Masaryk University**

Acknowledgement of Rules and Risks

I hereby confirm with my signature that I have been properly acquainted with workplace rules and principles to ensure safety and health at work and fire protection, I understand these rules and risks and my queries have been answered. I undertake to observe the rules and duties in my work and I am aware of possible consequences of labour law and criminal law arising from non-compliance.

I hereby state that I have been acquainted with increased risks at workplaces where I shall operate during my stay at MU\*:

\* Fill in if the visiting person is to work at increased-risk workplaces.

Acknowledgement of rights and duties pertaining to personal data protection

I hereby acknowledge that I may encounter personal data during my stay at Masaryk University. In this sense, I became familiar with the valid wording of Regulation (EU) No. 2016/679 of the European Parliament and of the Council, Act No. 101/2000 Coll., on the Protection of Personal Data and on the Modification and Amendment of Other Acts, as amended, and of Directive No. 1/2018, on Personal Data Processing and Protection.

If it is necessary to specify other conventions with regard to the purpose and content of the visiting person’s stay (e.g. Intellectual property protection, confidentiality agreement, etc.), please specify below:

Insurance information

For the period of my stay at MU, I:

[ ]  have [ ]  do not have liability insurance provided

[ ]  have [ ]  do not have health insurance provided

[ ]  have [ ]  do not have accident insurance provided

In Brno on

…………………………….…

 visiting person’s signature