

Granting Permission for Stay at the CEITEC MU Workplace in University Campus Bohunice Buildings Outside Ordinary Working Hours

Name and surname:

- Student of MU, no employment
 - Student of the study programme: DSP MSP BSP
 - Workplace: **710000, CEITEC MU, Research Group**

- Student of MU with employment
 - Student of the study programme: DSP MSP BSP
 - Work category:
 - Workplace: **710000, CEITEC MU, Research Group**

- Employee of MU
 - Work category:
 - Workplace: **710000, CEITEC MU, Research Group**

- Trainee, no employment
 - Institute: **710000, CEITEC MU**
 - Workplace: **710000, CEITEC MU, Research Group**

I do apply for granting permission for the stay at the workplace outside ordinary working hours of the building, set by the University Campus Bohunice internal regulations from 5 a.m. to 22 p.m.

Permit for the period (week day, Saturday, Sunday, public holiday) from _____ to _____

I do agree that upon entering or during the stay after the end of ordinary working hours, I will report my presence to the Central Security Desk (Pult Centrální Ochrany) via e-application "Reporting presence at University Campus Bohunice outside working hours" (Hlášení přítomnosti v UKB mimo pracovní dobu) which is available at <https://pritomnost.ukb.muni.cz/>, phone ext. 4450 or 2929. Please report your name, building number, room number and your phone extension.

During the whole stay at the workplace I will follow the rules of the occupational safety, fire prevention and energy saving. **While leaving** the workplace I will report my leaving at the Central Security Desk, switch off the lights, and close the window and doors. If I am the last person to leave the research group premises, I will activate security system.

The applicant is aware of the fact that it is not overtime work, and therefore, he/she is not entitled to any relevant wage bonuses.

Date _____ Signature of the student/employee/trainee

In case that the applicant is a student, he/she must be **PERSONALLY supervised by a Supervisor**

Name and surname

Date _____ Signature of the Supervisor

Approval provided by the Head (Research Group Leader/Research Centre Leader)

Name and surname

Date _____ Signature of the Head

Director of the Institute bears full responsibility for granting the permission.

I do grant permission – I do not grant permission

Date _____ Director of the Institute