



Confirmation of the employer

Application for a leave of absence

To be filled in by the applicant:	
Last name:	Student ID number:
First name:	Date of birth:
Application for a leave of absence in the:	
winter semester 20	(1 October until 28/29 February)
summer semester 20	(1 March until 30 September)

To be filled in by the employer:	
Name of the company:	
Extent of the employment:	below the marginal earnings threshold above the marginal earnings threshold
Start of the employment (DD.MM.YYYY):	
End of the employment:	until(DD.MM.YYYY): permanent employment
Confirmation of the employer:	
I hereby confirm that the person named above is in an existing employment relationship for at least four weeks in the specified semester. This employment goes beyond the marginal earnings threshold („Geringfügigkeitsgrenze“).	
Stamp:	Signature:
Date:	Last name, first name: