

University of Vienna Teaching Affairs and Student Services Admission Office Universitätsring 1 1010 Vienna

## **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 | (1 October until 28/29 February) |  |  |
| summer semester 20                         | (1 March until 30 Sep  | (1 March until 30 September)     |  |  |

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

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