

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 four weeks in the specified semester. This employment goes beyond the marginal earnings threshold ("Geringfügigkeitsgrenze").			
Stamp:	Signature:		
Date:	Last name, first name:	Last name, first name:	

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