

Notification of Pregnancy or Birth of a Child

I hereby notify Hochschule Kaiserslautern of my pregnancy or the birth of my child.

Last name _____ Á First name(s): _____
 Date of birth: _____ Place of work: _____
 Department/Field of study: _____ Á employed as: Á _____

I am: Employee Civil servant

(Expected) Due date: _____ (Proof required¹)

Multiple pregnancy

I will be in maternity leave (expected) from _____ to _____

I have acknowledged the information sheet on maternity protection for pregnant employees and employees with newborns.

 Place Date Signature

Note:

This notification must be submitted to the responsible administrative officer. A copy will be sent to the State Office for Finance and the university's occupational safety specialist. Additionally, the Kaiserslautern University of Applied Sciences is legally required to forward this report to the relevant supervisory authority.

Declaration:

I hereby agree that my data may be forwarded to the Family Service of Kaiserslautern University of Applied Sciences for the purpose of voluntary and non-binding counselling and support services.

E-Mail: _____

 Place Date Signature

¹ 1 medical certificate of pregnancy, copy of maternity record, copy of birth certificate.