

Notification of Pregnancy or Birth of a Child

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

Last name: _____ First name(s): _____

Date of birth: _____ Student ID number: _____

Study program: _____ Semester: _____

Campus KL PS ZW Degree program: BA MA

HS-E-Mail: _____ Tel.- Nr.: _____

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 Students and Students After Childbirth" This sheet contains important information regarding maternity protection as well as attendance in courses and exams during pregnancy.

Place Date

Signature

Hinweis:

Please send the notification along with the declaration regarding the statutory protection periods before and after childbirth by email to Schwangerschaft@hs-kl.de. This document will be forwarded to the Diversity Management office and the occupational safety specialist at the university, both of whom will contact you promptly. The document will also be forwarded to the examination office responsible for you. Additionally, Hochschule Kaiserslautern is legally required to forward this notification to the relevant supervisory authority. Only by submitting this notification will the rights and special examination-related regulations under the Maternity Protection Act become effective.

¹ Medical certificate of pregnancy, copy of maternity record, copy of birth certificate

Declaration regarding the statutory protection periods before and after childbirth according to § 3 Maternity Protection Act

Pregnant students and students with newborns can waive the statutory protection periods before and after childbirth in writing. Only with the submission of the waiver declaration is registration (according to the registration deadlines of the respective valid examination regulations) and participation in exams and courses during the statutory protection periods possible; however, participation remains voluntary. Pregnant students and students with newborns are still excluded from courses and exams that pose a risk to them, according to § 11 MuSchG.

Last name: _____ First name(s): _____

Student ID number: _____

I hereby explicitly agree to continue my academic studies even during the protection periods and waive the statutory protection periods. This declaration applies to the following protection periods (please check the applicable option):

The protection period of 6 weeks before childbirth

The protection period of 8 weeks after childbirth in the case of a normal delivery

The protection period of 12 weeks in the case of premature birth, multiple birth, miscarriage, or the birth of a child with a disability according to § 2 Abs. 1 Sentence 1 SGB IX.

This declaration can be revoked at any time, but not retroactively, by submitting a written statement via email to Schwangerschaft@hs-kl.de

I take advantage of the statutory maternity protection periods and am therefore exempt from all courses and exams during this time.

I intend to apply for a leave of absence semester. The application is made directly through the portal. For more information, please refer to this link

Place Date

Signature