

Applicant

Surname, first name	Telephone	E-mail
Home address		Personnel number

Application for a secondment certificate

1. Country of secondment

Please mark with a cross or fill in as appropriate

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2. Accommodation address

Street, number
Postcode, City

3. Duration of secondment

Expected duration of the secondment (from - to)

4. Employment post(s) during the secondment

1)	Designation
	Street, number
	Postcode, City
2)	Designation
	Street, number
	Postcode, City
3)	Designation
	Street, number
	Postcode, City
<input type="checkbox"/> no permanent place of work during the secondment	

5. Additional information (civil servants only)

This information is only required when applying for a secondment certificate for the first time and in the case of a change of the private health insurance company.

1)	Name of the private health insurance company	
	Street address	
	Post code, city	
2)	German pension insurance number, if available	

6. Information in the case of changes to a stay abroad that was already communicated

<p>The trip abroad to (country)</p> <p>planned for the period (from - to)</p> <p><input type="checkbox"/> will take place in the following period of time instead:</p> <p><input type="checkbox"/> will not take place</p>
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Comments

I confirm that I have read the notes on the Notes on the secondment certificate for trips abroad.
Date, sign (Applicant)
Please send this application to Division 2, Section 2.5, building V01.