CHARLES UNIVERSITY

### Faculty of Humanities

#### Pátkova 2137/5, 182 00 Prague 8

Proposal for closure

**AGREEMENT FOR THE WORK PERFORMANCE (AWP)**

Faculty of Humanities and

|  |  |
| --- | --- |
| **Name and surname of the employee, title:** |  |
| **Date and place of birth:** |  |
| **Birth number:** |  |
| **ID card / passport number:** |  |
| **Nationality:** |  |
| **Health insurance company:** |  |
| **Address of permanent residence:** |  |
| **ZIP CODE:** |  |
| **Contact (email/phone):** |  |
| **Employment or agreement - other faculties of Charles University:** |  |

|  |  |
| --- | --- |
| **AWP for a workplace / grant project:** |  |
| **Variable symbol:** |  |

**Term of work** from to

**Job description**

Scope of work in hours (**max 300 per year for the whole CU**)

Amount of reward

**Maximum 10.000,- CZK per month for the whole CU. Otherwise, social security and health insurance will be paid in the given month and the amount will be increased by the employer's contribution of 34% as in the case of a FTE.**

Other arrangements (e.g. material liability, indemnities, etc.)

Payment to **Czech** account no.:

Proposed by the operation principal:

In Prague on ......................... .............................................................................

 Signature of the principal of the operation

Approved by the Budget Manager:

In Prague on ............ Signature of the Budget Manager