**APPLICATION FOR A HOLIDAY BENEFIT for self-arranged countryside holidays AND**

Submitted to the DPSA on:

(WITHIN THE LIMITS OF AVAILABLE FUNDS) ONE-TIME BENEFIT ON THE OCCASION OF CHRISTMAS

**Former employee PENSIONER / DISABILITY PENSIONER**

**self-arranged countryside holidays**, **holiday,summer camps, winter camps** (please attach an name invoice in original )

Please, grant the benefit from the Company's Social Benefits Fund for:

Employee no.………………………… name and surname…………………………………………………………………………………….……

**Phone number:…………………………..** Home address……………………………………………………

**Bank account number\*:……………………………………………/ NO CHANGE** in bank account number\*

\*Please **underline** a correct option or fill in the number

**Please grant funding from the Social Security Fund for a child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Daughter’s/ son’s name and surname | **The child’ s / children’s PESEL number\*** | Degree  of relationship:  **daughter/ son** | Attached for an inspection  (description of documents and signature of **DPSA employee**) |
|  |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

**\*PESEL is only given once when the applicant applies for the first time for the benefit for family members.**

1. Parents whose children are **18 years of age** (up to the finishing their studies but no longer than until the child reaches **25 years of age** - provided that they are not supported by their parents and are not married) shall attach a current **school** or **student card** to the application **for an inspection only.**

**Payment method\* - indicate the correct, please:**

postal order to residential address

bank transferIn the case when both parents are entitled to social benefits, the allowance for their child is granted only once on the basis of the application submitted by one of the child’s parents.

*(Changes of home address and bank account number must reported in writing)*

**STATEMENT OF THE EMPLOYEE ON FAMILY INCOME**

I declare that the average gross monthly income per my family member, calculated on the basis of all the income of each person residing in a shared household, achieved in the previous tax year, falls within the range of:

**up to PLN 3,000 over PLN 3,000 to PLN 4,000 over PLN 4,000 to PLN 5,000 over PLN 5,000**

As a part of the functional control exercised by the Department of Personal and Social Affairs or at the request of the Inter-Union Social Affairs Team, to verify the reliability of the submitted statements on the average monthly income per family member in a shared household and the completeness of the data contained in the application, the social worker will request **for an inspection** a certificate from the Tax Office (copies of PITs filed with the Tax Office) on the income of the eligible person and persons in a shared household.

* **The concealment of the actual income level by applicants for support from the Fund's** **resources will result in the loss of the right to any benefits for the current and the following 2 calendar years.**
* **Refusal to submit the requested documents for an inspection will result in forfeiture of the right to any benefits for the current**   
  **and the following 2 calendar years.**

I declare that I have been informed about the manner and purpose of the processing of data and about my rights related to the processing of my personal data and the personal data of my family's members to benefit from the Social Benefits Fund of the University of Silesia in Katowice under Section 13 (1) and (2) and Section 14 (1) and (2) of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons concerning the processing of personal data and on the free movement of such data, and repealing Directive 95/46/WE (General Data Protection Regulation; GDPR for short):

* **for employees** in the GDPR clause included in Annex 5 to the Information Security Policy at the University of Silesia in Katowice (Regulation of the Rector of the University of Silesia 153/2018);
* **for persons entitled to use the University Social Benefits Fund who are not employees of the University of Silesia** in the GDPR   
  clause included in Attachment no. 3 to Regulations of the University Social Benefits Fund of the University of Silesia.

**I confirm the reliability of the above data with my handwritten signature and declare that I have read and understood the contents of the Regulations of the Social Benefits Fund.**

|  |
| --- |
| I kindly ask **y**ou **to give your signature under** the application and declarations |

**………………………………………………………………………….**

**Data i podpis wnioskodawcy**

FORMER EMPLOYEE (Pensioner) DECLARATION:

*I declare that my pension has not been suspended.*

**………………………………………………………………………….**

**Data i podpis wnioskodawcy**

**RECOMMENDATION OF THE INTER-UNION SOCIAL AFFAIRS TEAM**

**HOLIDAY BENEFIT for self-arranged countryside holidays**

**The Committee recommends: to grant not to grant ………………………………………………………………………………**

(reason)

|  |  |  |
| --- | --- | --- |
| FORMER EMPLOYEE | CHILDREN | |
| Amount | Number | Amount |
| PLN |  | PLN |

Formally verified …………………………………………………………

signature of the DPSA employee

**RECOMMENDATION OF THE INTER-UNION SOCIAL AFFAIRS TEAM**

**ONE-TIME BENEFIT ON THE OCCASION OF CHRISTMAS**

**The Committee recommends: to grant not to grant ………………………………………………………………………………**

(reason)

|  |
| --- |
| PLN |

Formally verified …………………………………………………………

signature of the DPSA employee

- we print applications **double-sided**

**-** each employee (including spouses employed at the University of Silesia) completes and submits an application for the benefit **separately./**

**- only one parent applies** for the benefit for a given child