**APPLICATION FOR A HOLIDAY BENEFIT AND (according to sources owned by the social fund)**
**SOCIAL WELFARE BEBNEFIT FOR WINTER EXPENSES**
**EMPLOYEE**

☐ holiday benefit

☐ summer/winter camp (please attach the original invoice including the applicant's name)

☐ social welfare benefit for winter expenses

**Employee no:** …….…… **Name and surname:** ……..……

**Phone no:** …….. **Name of the organisational unit:** ……

☐ - academic employees ☐ - other employees

* Employee no. **of the other parent employed at USiL:** …… **Name and Surname**: …….....
*** if applicable**

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**Proszę o przyznanie dofinansowania z ZFŚS dla niżej wymienionych osób:**

| Lp. | Name and surname | | | Leave **14 calendar days** | | Attached for review (description of documents and signature of SAO employee) |
|---|---|---|---|---|---|---|
| | | | | from | to | |
| **1.** | | | **APPLICANT** | | | |
| | | **Child's PESEL no. *** | Degree of relationship **daughter/son** | Child's date of birth | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

*** PESEL is only given once when the applicant applies for the first time for the benefit for the child.**

1) The period of holiday entitlement **must not be at least 14 consecutive calendar days.** Confirmation of the circumstances referred to above shall be given:
   a) in the case of **non-academic employees**, by the addition to the application by the employee of the **leave card** signed by the immediate superior,
   b) in the case of **academic employees**, by the employee indicating in the application the date when the holiday covered by the **leave plan** is to be taken in the organisational unit where the academic employee is employed.
2) If a holiday benefit is found to be granted despite the non-use of holiday leave in the above amount in the calendar year concerned, such benefit **shall not be granted in the following year**.
3) Parents whose children are 18 years of age or older (until they complete their education, **but not older than 25** and only if they are supported by their parents and they are not married) shall attach a current **school** or **student card** to the application **for review only**.
4) In 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

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**STATEMENT OF THE EMPLOYEE ON FAMILY INCOME**

I declare that the average monthly GROSS INCOME per family member, calculated based on all incomes of persons residing in a shared household (living together and supporting themselves jointly), 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 part of the functional control exercised by the Social Affairs Office 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 with the applicant (the entitled person) and the completeness of the data included in the application, the employee of the social affairs office worker will request the submission of 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 **for review**.

- **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 in both the current and the following calendar years.**
- **Refusal to submit the requested documents for review will result in the loss of the right to any benefits in the current and the following calendar year.**

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 information clause annexed 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 Social Benefits Fund who are not employees of the University of Silesia** in the GDPR information clause annexed to *Annexe no. 3 to Regulations of the 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 Regulations of the Social Benefits Fund.**

*Please **sign** below the content of the application and declarations »»»*

.....

**date and signature of the applicant**

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

**The Committee recommends:** ☐ **to grant /** ☐ **not to grant** .....

| EMPLOYEE | CHILDREN | |
|---|---|---|
| Amount | Number | Amount |
| | | |

Formally verified

.....
signature of the SAO employee

**RECOMMENDATION OF THE INTER-UNION SOCIAL AFFAIRS TEAM – SOCIAL WELFARE BEBNEFIT FOR WINTER EXPENSES**

**The Committee recommends:** ☐ **to grant /** ☐ **not to grant** .....
(reason)

PLN

Formally verified

.....
signature of the SAO employee

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*- Please print the papplication **two-sided.***
*- Every employee (also if two emploeesof the USil are married) fills in and submits the application **separately***
*- **Only one of the parents** applies for the social benefig of a child*