	, (city)	(date)
University of Silesia in Katowice		
Mr/Ms/Mrs		
(first name and last name)		
(job position)		
(organisational unit)		
Mr/Ms/Mrs (direct supervisor)		
 I would like to inform that from (date) quarantine/isolation*. I would like to request your approval for remote work in 		(date) I am in
		yee signature)
Mr/Ms/Mrs Chancellor, Mr/Ms/MrsVice-Rector,(applies to non-academic employees of the University of Silesia Press, Library of the University of Sil Mr/Ms/Mrs Dean/Director of non-faculty units (applies to engineresearch and technical employees of Faculties and non-faculty units)	neering and tec	chnical employees, and
I would like to request your consent/refusal* to provide remote wi.e. for		
At the same time, I inform that the employee has/does not have* and current leave of days.		
	d signature of th	ne direct supervisor)
I consent/do not consent to remote work*		
* Delate as any consists	(signatu	ure)
* Delete as appropriate The signed form should be sent to the following address: dzial.pl kadry@us.edu.pl.	ac@us.edu.pl a	nd CC: