

Applicant

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

Application for a secondment certificate

Street, num Postcode, Duration Expected of Street Postco 2) Desig Street Postco 3) Desig	ry of secondment	Please mark with a cross 🖾 or fill in as appropriate			
Street, num Postcode, Duration Expected of Street Postco 2) Desig Street Postco 3) Desig	nmodation address				
Expected of Expected of Street Postc 2) Desig Street Postc 3) Desig	Street, number				
Expected of Street 1) Desig Street Postc 2) Desig Street Postc 3) Desig	Postcode, City				
1) Desig Street Postc 2) Desig Street Postc 3) Desig	Duration of secondment				
1) Desig Street Postc 2) Desig Street Postc 3) Desig	d duration of the secondment (from - to)				
Street Postc 2) Desig Street Postc 3) Desig	Employment post(s) during the secondment				
Postc 2) Desig Street Postc 3) Desig	ignation				
2) Desig Street Postc 3) Desig	eet, number				
Street Postc 3) Desig	tcode, City				
Postc 3) Desig	ignation				
3) Desig	eet, number				
	tcode, City				
Street	ignation				
	eet, number				
Posto	tcode, City				
no peri	ermanent 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. In	. Information in the case of changes to a stay abroad that was already communicated				
Th	ne trip abroad to (country)				
pla	planned for the period (from - to)				
	will take place in the following period of time instead:				
	will not take place				
Co	om	ments			
	I confirm that I have read the notes on the Notes on the secondment certificate for trips abroad. Date, sign (Applicant)				
Da					
PI	ea	se send this application to Division 2, Section 2.5, building V01.			