





KidsMobil Order General Budget

e-mail to: kidsmobil@diebildungspartner.de and family@fu-berlin.de

or fax to: 200 78 465 and 838 4 511 37

(To make sure your fax reaches the correct recipient, please note that it is not necessary to dial the 030 area code from within Berlin.) The coordination office will use personal information to document your eligibility to use the service.

Last name, fi	rst name	Tel. (home)		Freie Universität app.	
Unit (please	state): >> Dept., institute / Central facility / Central insti	ute / Central univ. admin. dept. / E	Excellence unit / C	CRC / Research alliance / Other	
Position/title		Name of sub	bject-specific superviso	or & administrative manager/spokesperson	
Type of	order: equest for an appointment to meet between the	employee and caregiver (see Sec. 5	(4) and (5) of the to	erms of use)	
Request	for <u>EMERGENCY</u> care for the following reas	ons:			
1 Ch	ild has fallen ill on short notice and parent cann	ot take time off work			
2 Ur	nforeseen urgent need to work outside regular c	nildcare hours			
3 Ur	nexpected problem with regular childcare arr	angements if parent cannot take ti	me off work (see S	Sec. 3 (1) of the terms of use)	
	egular working hours/overtime/need to stan re is an urgent work-related interest	d in for others on short notice	outside of regular	childcare hours, if	
	nforeseen participation/participation on shor regular childcare hours, if there is an urgent work-relate		conferences, co	ommittee work, etc. outside	
Informa	ation on care:				
Date of care Start and end times for care					
Care loc					
Street address and postal code of parents' home and, where applicable, the location where the child should be picked up/dropped off					
Phone number (landline/mobile)					
Name(s) of child(ren) Age(s) of child(ren)					
declaratio	the coordination office of the registration form signed in of consent and order confirmation. To discuss further included the office can be reached between 10:00 a.m. and	details, the parents should immediate	ely contact the Kid	dsMobil coordination office at 030 /	
		Job-related	Job-related urgency confirmed:		
Date	Employee signature; if different,	Subject-specific su	pervisor signature		
	also include signature of custodial parent				
	I affirm that the foregoing information is correct and I accept the terms of use. I am aware that knowingly providing false information will result in consequences under labor and employm	ent law.			
		Signature of admin	nistrative manager/spo	okesperson	