UNIVERSITY
OF TWENTE.

A. Personal information:

Name and initials:……..M / V
(married women: please provide maiden name)

Date of birth……

e-mail: ……..

Faculty/Service: ……..

E. For information

You can use this form only for claiming hours paid through the Opting - in procedure.

Send this form after the administrator's signature to HRIA payroll Spiegel floor 5

B. Hours to be declared Opting In:

Month	Total worked in month		Month	Total worked in month	
	DAYS	HOURS		DAYS	HOURS
January			July		
February			August		
March			September		
April			October		
May			November		
June			December		

Total payout		Total payout	

Datum…… Signature of declarant: ……

C. Reimbursement to Work-Order number:

Work-Order nummer number of hours_____

Work-Order nummer number of hours_____

Work-Order nummer number of hours_____

D. Gross fee payable and signing administrator

Gross compensation per hour : €……

Datum …… Administrator's signature:…….....