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Name of Adjunct Lecturer

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Address with Telephone No.

To the Dean's Office of the School of

University of Mannheim

68131 Mannheim

Confirmation of the following information
by the Dean's Office/Institution

Declaration on Teaching Contract for

Semester

Type and topic of the course

Weekly teaching hours

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- I held the course mentioned above on the following days.
..... (number) degree-seeking students took part in the course regularly.
- The teaching contract could not be fulfilled due to illness or other reasons.
- The course could only be conducted partly.(number) credit hours were conducted.
- The course was conducted on the following days:

Date/Number of hours *	Date/Number of hours	Date/Number of hours
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.....
.....
.....
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.....

(* indicate individual hours à 45 minutes)

- I am employed in the civil service as (Title)
with
- I receive pension benefits according to civil service law provisions:
Paying institution:

The teaching contract mentioned above was

- approved of with the approval of secondary employment from
(please refer to the attached copy).
- requested for approval of secondary employment by myself on

Address of the paying institution:

Personnel No.

Bank Details IBAN

Name of Bank

.....
(Signature of Adjunct Lecturer)

Calculation of remuneration for teaching contract

Per credit hour €
are granted.

For hours this amounts to a remuneration of €

Advanced payments were already made €

Amount to be paid: €

