

**New pilot program to support continued scientific work of researchers in laboratory fields during pregnancy and nursing periods**

**Application form**

*Please send to* [*vp1@fu-berlin.de*](mailto:vp1@fu-berlin.de)

1. **Personal information**

|  |  |
| --- | --- |
| **Name of Researcher:** |  |
| **Cost center of researcher or project director:** |  |
| **Department:** |  |
| **Institute or research unit:** |  |
| **Email:** |  |

1. **Information on support needs and requested funds**

*For funding scheme A, you may request up to 20,000.00 euros of support. For funding scheme B, you may request support for additional hours for personnel at the E-11 salary level (TV-L scale) or lower for up to 10 months.*

**Duration and type of work restriction (individual/occupational)**

|  |  |  |
| --- | --- | --- |
| **Funding scheme A: material costs** | | |
| **Item** | **Projected costs** | **Justification (tasks interrupted, etc.)** |
|  |  |  |
|  |  |  |

**OR**

|  |  |  |
| --- | --- | --- |
| **Funding scheme B: personnel** | | |
| **Item** | **Projected costs** | **Justification** |
|  |  |  |
|  |  |  |

1. **Confirmation by the project director and, if applicable, the cost center manager that the information provided is complete and correct**

I hereby confirm that the information provided is complete and correct.

Date/ Project Director (if applicable) Cost Center Manager

1. **Departmental Statement**

I hereby confirm that the conditions provided allow for the implementation of the proposed tasks. The information on the form have been verified by the department.

Date / Department Head of Administration