

Annex to Directive No 2/2022 on homeoffice

Employer:

Institute of Experimental Botany of the CAS, v.v.i.
Rozvojeová 263, 165 00 Prague 6
Reg. No.: 6138903030

Employee's name:

Born:.....

Permanent address:.....

Scope of work from home (date, time period, etc.):

.....

Place of work from home:

.....

By his/her signature, the employee confirms that he/she has understood the directive to which this form is attached and undertakes to comply with all the conditions contained in the directive.

On behalf of the employer:

Employee:

In, on

In, on

Name and surname:.....

Signature: _____

Signature: _____