**Appendix No. 2**

**APPLICATION FOR EXCHANGE / ISSUANCE OF A DUPLICATE OF THE ELECTRONIC ACADEMIC TEACHER’S ID CARD**

FILL IN WITH DATA OR MARK (🗷) THE BOXES CONTOURED WITH HEAVY LINES ONLY

**the date of issuing application**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **□ year □** | | | | **□ month □** | | **□ day □** | |
|  |  |  |  |  |  |  |  |

**Indicate below () the reason (one only) for placement of the application:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Code | Reason | Fee in PLN |
|  | A | Card issuance | 22,00 |
|  | B | Duplicate in case of loss/theft/damage | 33,00 |
|  | C | Duplicate because of change of personal data | 33,00 |

**Personal data**

|  |
| --- |
| □ Name/Names □ |
|  |
| □Surname □ |
|  |
| □ Personal number □ |
|  |

**Employment relationship:**

|  |  |
| --- | --- |
|  | for an indefinite period (validity of the card - one year) |
|  | for a limited period (validity of the card - semester) |

**Remember to attach to the application a photo for your electronic ID card in electronic form (mandatory) and a proof of payment (optional).**

**I declare that:**

|  |  |
| --- | --- |
|  | I will send a photo saved in a file that will include in its forename my PESEL number to the address elsna@umcs.lublin.pl |
|  | I will provide a proof of payment to the e-mail address elsna@umcs.lublin.pl |

**Important remarks (you can also enter your phone number here)**

|  |
| --- |
|  |

|  |  |
| --- | --- |
|  | Signature of academic teacher |

STRONA **1** Z **2**

**WYPEŁNIA PRACOWNIK CENTRUM KADROWO-PŁACOWEGO PRZYJMUJĄCEGO WNIOSEK**

**Data przyjęcia wniosku przez Centrum Kadrowo-Płacowe**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| □ rok □ | | | | □ miesiąc □ | | □ dzień □ | |
|  |  |  |  |  |  |  |  |

**Uwagi:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| pieczęć | podpis pracownika |

**WYPEŁNIA PRACOWNIK Sekcji ds. Systemów Toku Studiów UMCS**

**Data przyjęcia wniosku przez Sekcję ds. Systemów Toku Studiów UMCS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| □ rok □ | | | | □ miesiąc □ | | □ dzień □ | |
|  |  |  |  |  |  |  |  |

**Uwagi:**

|  |  |
| --- | --- |
|  | |
|  |  | |
| pieczęć | podpis pracownika | |

STRONA **2** Z **2**