*Attachment No. 3*

*to Ordinance No. 68/2014*

*of the Rector of UMCS*

Lublin, on ............................

……………………………………………………

Surname and first name

......................................................................................................................................

Employee-place of work, telephone number /retiree or pensioner-registered address

...........................................................................

Personal identification number (PESEL)

................................................

Employment date at UMCS

**APPLICATION**

**I**. *To be filled out by the applicant*

**1**. I hereby apply for a reimbursement for my child/children/retiree\*:

1. ............................................... date of birth ................................
2. ............................................... date of birth................................
3. ............................................... date of birth................................
4. ............................................... date of birth................................

Type of trip: holidays, camps, sanatoriums\*.

Anticipated departure date ........................... to ..............................................

Anticipated cost of the trip ................................................................................

**2**. Family members of the applicant who are financially dependent:

1. Spouse : - employed: yes / no\*

- registered with the Labour Office: yes/no\* (if unemployed)

b) Single mother / father \*

1. Children:

-.................................................... date of birth...............................

-.................................................... date of birth...............................

**3.** Both parents employed at UMCS: yes / no\*

**4.** Applicant's comments..............................................................................................................

**5. Pensioner/ retiree account number\*\*** ...................................................................................................

\* Delete as appropriate

\*\* Pensioners enter account number for reimbursement transfer

1.

1. The administrator of the personal data collected in accordance with the application for the benefit is the Maria Curie-Skłodowska University with its registered office at Plac Marii Curie-Skłodowskiej 5, 20 031 Lublin.

2. Personal data will be processed in accordance with legal provisions and in connection with the protection of vital interests of the data subject.

3. Personal data will be processed by UMCS solely for the purpose of granting and fulfilling benefits/services.

4. The submission of data is voluntary, nevertheless necessary to fulfil the purpose of the processing.

5. Personal data will be processed by the UMCS until the periods related to the provision and implementation of the benefits and during the data archiving periods provided for by the internal regulations in force at the UMCS, and thereafter may only be used to secure possible claims related to the benefits until they expire.

6. Personal data will not be subject to further processing or profiling, and no automated decisions will be taken based on it.

7. Personal data will not be shared with external recipients, and neither will it be transferred to any third countries or international organisations.

8. I have the right to access my data, request their rectification, and—in cases provided by law—to demand erasure or restriction of processing. I also have the right to data portability and the right to lodge a complaint with the supervisory authority monitoring compliance with personal data protection laws.

9. The administrator of the personal data has appointed a person to monitor the correctness of the processing of personal data, who can be contacted at: abi@umcs.lublin.pl.

.................................................................

Legible signature of applicant

**II.** *To be filled in by the Social Office*

**1.** The average monthly income earned in 2021 according to the Company social benefits fund management rules *[pl: ZFŚS Regulations]* (§ 6) per family member: ………………………...............................................

**2.** Use of reimbursements in previous years:

…………........................................................................

…………….......................................................................

……………........................................................................

……………………………………………………

Signature of the Social Office employee

The Social Committee of the UMCS Trade Unions proposes granting /not granting reimbursements in accordance with the current regulations.

.................................................................................................................................................