**Please complete this form digitally, then print, sign and scan it and, before starting work, send it to** **EURflex@eur.nl**

|  |
| --- |
| **Details of the flexiworker** |
| Mr/Ms, Initials, prefix, Surname | **[INITIALS]** **[prefix] [Surname]** |
| Date of birth  | *dd-mm-yyyy* | Email |  |
| Telephone number |  |
| Resident of: |  |
|  |
| **Details of the supervisor, the person approving the hours to be claimed and the person confirming the performance of the hours to be claimed** |
| Organisation | Erasmus University Rotterdam | Department |       |
| Budget number (**1**) |       |
| Supervisor (**1**): Who do we contact in case of questions? | First Name & Surname | Email |       |
| Telephone |       |
| Claimed hours to be approved by (**1**): Who will be approving hours in E-flexer? | First Name & Surname | Email |       |
| Performance to be confirmed by (**1**): Who will be approving the invoice in SAP? | First Name & Surname | Email |       |
| Budget number (**2**) |       |
| Supervisor (**2**) | First Name & Surname | Email |       |
| Telephone |       |
| Claimed hours to be approved by (**2**) | First Name & Surname | Email |       |
| Performance to be confirmed by (**2**) | First Name & Surname | Email |       |
|  |
| **Details of the employment contract** |
| Commencement date |       | Date of termination |       |
| Form of employment contract | Fixed-term | Contract hours | Minimum 0, maximum 0hours/week |
| Job family |  |
| Select position Education & Research: |  |
| Select position Education & Research support: |  |
| Select position Administrative & Secretarial support: |  |
| Select position Health & Safety and the Environment: |  |
| Select position Facility Services: |  |
| Select position ICT: |  |
| Select position Management & Management support: |  |
| Select position Personnel & Organisation: |  |
| Select position PR, Information & Communication: |  |
| Select position Student-oriented support: |  |
| Gross hourly wage | € 0,00 |
| Scale |  | Increment |   |
| Explanation |       |
|  |
| **This application has been submitted by or on behalf of the budget holder and has been completed truthfully.****Signed by** **[Supervisor's name] on July 11, 2017 in** **Rotterdam:** | *Supervisor’s signature* |

*Comments:
The purpose of this form is to provide essential information to* EUR*flex.* EUR*flex will make use of this information to request further details from the flexiworker so that an employment contract can be drawn up.
The flexiworker may derive no rights from this document.*