Notification of pregnancy / childbirth / taking a child into care *

in accordance with Rector's Directive No. 36/2018

University	Charles University
Faculty	Second Faculty of Medicine
Title, first name and last name	
Person number	
	<u>stify</u> you in accordance with clause 21 par. 1 letter f) of act No. ies and the change and amendment of other acts the following:
pregnancy – expected del	ivery date
childbirth on	
taking a child into care d	ated
I support my notification w	ith the following evidence:
	d delivery date – a copy of the pregnancy card (the birth certificate livered to the Department for PhD Study of the faculty within 22
Childbirth – a birth cert	ificate copy
I am providing a copy child into care.	of the decision of taking a child into care as evidence of taking a
In date	Signature

^{*} Please choose the relevant option by crossing out the non.applicable. Your parenthood period will be accepted based on your notification, starting from the 8th week prior to delivery for mothers/on the day of delivery for fathers/on the day when the decision of taking a child into care becomes legally effective and ending when the child reaches three years of age.