LEAVE OF ABSENCE TO BE SUBMITTED BEFORE THE START OF LEAVE

This form must be filled in, printed out, signed and sent to the PhD Office. If you complete it by hand, please write legibly in block capitals.

Please note that a € 16,00 stamp duty must be paid on this request.

To the Rector of the University of Trieste
P.le Europa, 1 - 34127 – TRIESTE
Settore Servizi agli studenti e alla didattica – Ufficio Dottorati di ricerca
dottorati@amm.units.it - fax +39040 558 3008

Stamp duty Euro 16,00 (*)

I, the undersigned					
Surname			Name		
	O h	olding a scholarship	O not hold	ing a scholarship	
regularly enrolled in the	ne Doctoral course in				cycle
O first year	O second year	O third year	O repeat year	O resuming attendance	
		н	EREBY REQUEST		
a leave of absence	day	from month year		(estimated end date) ay month year	
for reasons of (<i>tick or</i>	ne of the following):				
,	٥,	of two months prior to t	he due date and three n	nonths after the date of birth. (La	w N. 151 of 26.03.2001 and
DM 12.07.2007).	adical contificate india	ating the enticipated do	to of dolly on (NOTE: Th	a hirth cortificate or a self cortific	ation must be promptly cont
to the doctoral reg	gistrar's office in order	to calculate the statutor	y period of leave).	e birth certificate or a self-certific	
O1a Flexible ma	aternity leave: The do	ctoral student may requ	est one month of leave p	rior to the baby's birth and four m must be submitted within the 7th	nonths after the birth, instead
be accepted	d provided that a docto	or registered with the Na	ational health care systen	n certifies that no health risks are	involved for the mother and
the baby. T medical exa		must be confirmed by	the University doctor in	charge of prevention and safety	at work after performing a
Attached is	the medical certificate			ting the expected date of delivery	
"Direzione I	or maternity leave u Provinciale del Lavoro'	p to seven months are using their dedicated f	ter childbirth for work- orms and attaching a sta	related risk factors. The reque tement from the University (Doct	oral office) attesting that the
	forms activities involvi he Doctoral Registrar's		t she cannot be assigned	ed any different tasks. The outco	ome of the request must be
	•		rithin the third year of the	baby's life.	
O3 Serious health p	roblems. Attached is	the medical certificate p	rovided by the general p	ractitioner specifying the period of	of prognosis.
			nic Board of Professors.	(**) Indicate the decide on the request of leave	(medical certificates etc.)
Please use the sp	pace below if you have	any further comments	that may be helpful.	·	(medical confindates, etc.).
			equest can be accepted. o evaluate and decide o	(**) on the request. Please use the s	pace below if you have any
	that may be helpful.				,
COMMENTS (if any)(**)				
Place	day	month year	r	HANDWRITTEN SIGNATUR	E OF THE PhD STUDENT
The PhD Coordinate	or hereby states that t	the Academic Board h	as already approved th	e request (only if included in t	he above points 4 and 5)
date					

month

(copy-pasted signatures are not deemed valid)

Place

⁻ Applications without the approval or lacking the required documents shall not be accepted.

^(*) Students who are not able to purchase a stamp duty can make an online payment using the ESSE3 system. Please email to dottorati@amm.units.it for further information.