

STATEMENT OF HOURS UNDER A STAND-BY CONTRACT

This form is intended for declaring hours worked by a stand-by worker. A stand-by contract must be signed in advance, in which e.g. the total number of hours is stated. The hours to be declared must fall within the term of that stand-by contract.

Surname and initials _____ ANR _____
 (Tilburg University administration number)
 Faculty / Office _____
 Calendar month ____ - 20 ____
 mm yy

If you have any questions about this form, please contact your HR office.

The information you provide us will be dealt with in compliance with the General Data Protection Regulation.

NUMBER OF HOURS WORKED

<- Please click and read this

Day	Mon – Fri 07:00 – 20:00	Mon – Fri 20:00 – 24:00	Mon – Fri 0:00 – 07:00	Saturday	Sundays and national holidays
01	_____	_____	_____	_____	_____
02	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____
05	_____	_____	_____	_____	_____
06	_____	_____	_____	_____	_____
07	_____	_____	_____	_____	_____
08	_____	_____	_____	_____	_____
09	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____
22	_____	_____	_____	_____	_____
23	_____	_____	_____	_____	_____
24	_____	_____	_____	_____	_____
25	_____	_____	_____	_____	_____
26	_____	_____	_____	_____	_____
27	_____	_____	_____	_____	_____
28	_____	_____	_____	_____	_____
29	_____	_____	_____	_____	_____
30	_____	_____	_____	_____	_____
31	_____	_____	_____	_____	_____
Tot.	_____	_____	_____	_____	_____
3.24-allowance	40%	40%	40%	40%	75%

3.24-allowance:
 The allowance for work during unusual working hours (Art. 3.24 of the collective employment agreement (CAO)) does not apply to support staff from scale 11 and to academic staff.

The percentage is paid on the hourly salary, but not on the surcharge for holiday allowance, year-end bonus and unused days holiday.

Brabant area:

The area in the Netherlands that includes the cities and towns with the postal codes 4250 to 4288, 4800 to 4861, 4900 to 5256, 5260 to 5325, 5480 to 5541, 5600 to 5658, 5680 to 5694 and in Belgium the cities and towns with the postal codes 2290 to 2387.

Travelling expenses with one's own transport are to be computed with the ANWB route planner.
See www.anwb.nl

The university's postal code is 5037AB. Select the option "fastest route" and round off the number of kilometres (of twice a single trip) arithmetically to whole kilometres.

The employer reports the paid kilometre allowances to the Tax and Customs Administration on the annual statement.

The declarant first has the completed form signed for approval by the contact person and then hands it in to the HR advisor of the faculty or service.

The final submission date is the last day of the month following on the month in which the work was performed.

The declarant is advised to make a copy for his or her own records.

Tilburg University employees living in a city or town in the Brabant area can receive a commuting allowance by applying the "Tilburg University Options Model of Employment Conditions Regulations" and the "Options Model of Employment Conditions". Students with an annual public transport pass are not eligible for this travel allowance.

Fill in the section below only if the declarant is applying for a tax-free travel allowance pursuant to the Options Model.

The gross salary will then be reduced by the amount of the tax-free travel allowance, through which the declarant will pay less income tax and national insurance contributions.

☐ **Travelling expenses - own transport**

Number of travel days in the expense statement month _____ days

Postal code of city/town _____

Total distance travelled: twice a single trip home – Tilburg University = _____ kilometres

The declarant requests the university to reduce the gross salary for the expense statement month pursuant to the Options Model, in order for the declarant to receive a tax-free reimbursement in exchange. For the expense statement month, that tax free travel allowance is € _____ (state here the result of the total distance travelled * € 0.19 * number of travel days in the expense statement month).

☐ **Travelling expenses - public transport**

Number of travel days in the expense statement month _____ days

The travelling expenses by train per day are € _____

The travelling expenses for used strip tickets per day are € _____

The declarant travels by public transport and requests the university to reduce the gross salary for the expense statement month pursuant to the Options Model, in order for the declarant to receive a tax-free reimbursement in exchange.

For the expense statement month, that tax free travel allowance is € _____ (state here the result of the number of travel days * travelling expenses per travel day)..

Submitter's signature _____

Date _____
dd mm yy

Name authorized supervisor /
Director *) _____

Signature _____ Date _____
dd mm yy

To be filled in by HR Service Center

14-111	feit.werktijd in uren	_____ uur
15-0D17	SVW dagen	_____ dagen
15-03B8	40%	_____ uren
15-03B9	75%	_____ uren
15-7800	Korting kzm salaris	_____ , _____ euro
15-7814	Bron grt kzm reisk ww ev	_____ , _____ euro