

STATEMENT OF HOURS UNDER A STAND-BY CONTRACT

This form is intended for declaring hours worked and commuter costs 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 _____

Department _____

Calendar month _____ - 20____
mm yy

NUMBER OF HOURS WORKED

<- Please click and read this

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.

Day	Mo - Fri 07:00 – 20:00	Mo - Fri 20:00 – 24:00	Mo - 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%	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.

For more information p.t.o.

Check the intranet for information on Regulations for the Reimbursement of Commuting costs.
Students with an annual public transport pass are not eligible for this travel allowance.

Bicycle and walking allowance

The bicycle and walking allowance
are to be computed with the ANWB
route planner.
See www.anwb.nl

Postal codes are:

Tilburg - 5037AB, nbr. 2
Utrecht - 3512 LG, nbr. 61-65
's-Hertogenbosch - 5211 DA, nbr. 92

Select the option "shortest route" by
bike or walking, and round off the
number of kilometers (of twice a single
trip) arithmetically to whole kilometers.

I declare that on declared days I have traveled to work by bike or walking.

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 = _____ kilometers

*For the expense statement month, that tax free travel allowance is
(state here the result of the total distance travelled * 0.21 eurocents *
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 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.

*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)..* € _____

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

Attach tickets, receipts, overview of costs from the OV portal (make sure your name is on the overview.

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

Submitter's signature _____

Date _____ - 20 ____

Name authorized supervisor / director

Signature _____ Date _____ - 20 ____

dd mm yy

SFEC - Incidentele betalingen

To be filled in by HR Service Center

LC 111	feit.werktijd in uren	_____ uur
LC 0D17	SVW dagen	_____ dagen
LC 03B8	40%	_____ uren
LC 03B9	75%	_____ uren
6137	Fiets-/wandelverg. oproep	_____ euro
6138	Reisk. OV oproep	_____ euro