

Application form to take part in the Vitality Pact

By signing this document, the employee declares that he/she has full knowledge of the terms of the Vitality Pact conform article 6.13 up to and including 6.16 of the Collective Labour Agreement of Dutch Universities (CAO NU). The employee is responsible for the choice that he / she makes; no adverse effect of the choice can be recovered at Leiden University. Participation can only end by resignation (state pension) or long-term illness.

E-mail the completed and signed form to the PSSC at pssc-mutatie@assc.leidenuniv.nl

Name	<input type="text"/>	Faculty/unit	<input type="text"/>
Date of birth	<input type="text"/>	Institute/ department	<input type="text"/>

Starting date of participation in the Vitality Pact

The application date is at least 3 months prior the intended starting date.

Options:

Variant A (four-day variant / 20% extraordinary leave): With 38 contracted hours prior to participation in the vitality pact, the new working week consists of 32 hours, which means you actually work 1.6 hours more each week (part-timers pro rata, but 4 working days). The salary will be decreased with 15%. The employment contract at the start of the Vitality Pact is at least 0,5 FTE

Variant B (three-day variant / 40% extraordinary leave): With 38 contracted hours prior to participation in the vitality pact, the new working week consists of 24 hours, which means you actually work 1.2 hours more each week (part-timers pro rata, but 3 working days). The salary will be decreased with 30%. The employment contract at the start of the Vitality Pact is at least 0.66 FTE.

New work schedule Vitality Pact (max. 2 decimals place):

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="text"/> hours	<input type="text"/> hours	<input type="text"/> hours	<input type="text"/> hours	<input type="text"/> hours

For the actual scope of work per week, see the schedule in appendix F of the CAO NU.

Employee signature

HR adviser

Learn [here](#) how to create a digital signature.

Name

Name

Date

Date

Signature

Signature

If you have any questions about completing the form, please contact the PSSC Service Point at 071 - 527 6200 or via [e-mail](#).

Approved by supervisor		Approved by mandate holder	
Name	<input style="width: 90%;" type="text"/>	Name	<input style="width: 90%;" type="text"/>
Date	<input style="width: 90%;" type="text"/>	Date	<input style="width: 90%;" type="text"/>
Signature	<input style="width: 90%; height: 60px;" type="text"/>	Signature	<input style="width: 90%; height: 60px;" type="text"/>
Seen by PSSC		Verified by PSSC	
Name	<input style="width: 90%;" type="text"/>	Name	<input style="width: 90%;" type="text"/>
Date	<input style="width: 90%;" type="text"/>	Date	<input style="width: 90%;" type="text"/>
<i>To be completed by PSSC</i>			
Personnel number	<input style="width: 90%;" type="text"/>	Payroll number	<input style="width: 90%;" type="text"/>

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