

Bookplate

Application for attendance allowance for taking care of a child due to closure of an educational / childcare facility (school)

A. Certificate of educational / childcare facility (school) closure

Administration of an educational (special childcare) facility, another similar facility for children otherwise taking care of the child, or a school, of which the following is a student.....

surname and name of the child (student), Czech Birth No¹)

confirms that the facility (school) has been closed from to

based on the regulation of the following authority

name of the authority

Reason for closure:

B. Application for attendance allowance (to be filled by the applicant)

Surname and name of the employee:

Czech Birth No: ¹)

Place of residence (full address):

Marital status:

I live – I do not live with a partner / registered partner, ²)

I do – I do not take care of a child under the age of 16 who has not finished compulsory education.²)

I am applying for attendance allowance due to taking care of.....
surname and name of the child (student), Czech Birth No¹)

who

lives with me in a common household²)

does not live²) with me in a common household and is my

family relationship (son, daughter)

the child in question is²) – is not²) a subject of other natural person's maternity benefit or parental allowance

I personally cared for the above child in the following days

I declare that the above information is true and that no other applicant is applying for attendance allowance for this period and I am aware that I am obliged to report and document all facts relevant to my application for this allowance, its amount and payment.

I am requesting the payment of the attendance allowance to be made as follows:

to my bank account No²): /bank code
additional details (see Notice)

by postal order to address²):

Taking care of the child in times of need was taken over by³):

Surname and name:

Czech Birth No¹):

Place of residence

Name and address of employer:

Done

Date and signature of employer, applicant



1) If no Czech Birth Number e.g. personal identification number is assigned, the Insurer's Registration Number or date of birth shall be provided

2) Mark X as appropriate

3) It shall be filled by the applicant if he/she has transferred the care of the child to another authorised person

Employer records:

The employee resumed occupation on:

The employee worked during the attendance days (to be filled only if it falls into the support period):

Name and address of employer:

The employee worked all planned shifts during the support period: yes — no 2)

.....

Stamp and signature of employer

Instruction

The application for the attendance allowance is submitted by the employee to his/her employer, who, after completing the data, submits the application together with the documents for payment of the allowance to the relevant district social security administration.

Households are formed by natural persons who live together permanently and together meet the costs of their needs.

Notice

The attendance allowance is paid to the beneficiary's account kept with a financial institution in the Czech Republic. Include a specific payment symbol if assigned to your account number as well. At the insuree's request, the attendance allowance is paid in cash through a postal licence holder, i.e. by postal order. In the case of payment of a cash benefit by postal order, the costs of delivery are paid by the beneficiary. At the insuree's request, the attendance allowance is paid abroad only to the insuree's account kept with a bank abroad. The costs of this payment are borne by the beneficiary. In this case, the IBAN account number, beneficiary account name, name, address and country of the foreign bank, bank ID and bank ID type (e.g. BIC SWIFT code) must be provided.

