No.:

**PALACKÝ UNIVERSITY OLOMOUC**

**Křížkovského 8, 771 47 Olomouc**

**The Employer**

**Employee**

Last name, First name(s), Title(s):

UP Section:

UP Faculty, Facility

department, division:

work position (function):

function number \* 1) wage class \* 2)

start-date of the position or start-date of changes in the work content:

**DESCRIPTION OF WORK ACTIVITY**

**1. Rights of the Employee**

The Employee’s rights are governed by applicable laws and regulations, including the provisions of the Czech Labour Code and related regulations, Act No. 111/1998 Czech Law Coll. On Universities, employers and internal standards, published on the website of Palacký University Olomouc.

**2. Duties of Employees**

From the start-date of the work position, or start-date of changes in the work content, the Employee is responsible for his/her job functions according to the employment relationship between the Employee and the Employer with the following responsibilities:

- To comply with the legislations applicable to the Employee’s work position; to follow organizational rules, related organizational standards and other published internal guidelines and organizational management acts;

- To familiarize oneself with the information relating to the performance of one’s work position;

- To perform the tasks arising from the general obligations under the Labour Code, the employment contract and the job description of this activity.

**An employee with this function:**

directly supervises: procedurally supervises:

directly reports to: is procedurally controlled by:

represents: is represented by:

**DESCRIPTION OF TASKS, OBLIGATIONS AND RIGHTS (basic characteristics, see \* 1):**

Date: Effective Date \* 3):

Job description prepared by:

           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

name, signature

I acknowledge that I have been acquainted with the organizational rules, as well as the description of work, and furthermore that I have accepted them. I will comply with all regulations and ensuing obligations.

Date:

signature of the Employee

Employee’s Supervisor:

name, surname of the Employee’s Supervisor signature of the Employee’s Supervisor

\* 1) under the Catalogue of inclusive functions and occupations into wage classes

\* 2) in accordance with Appendix 1 on Interior Wage Regulations

\* 3) upon accepting a job or changes in the work function (see page 1)

DISTRIBUTION:

1x Employee

1x Employee’s Supervisor

1x Personnel Department

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