**Dohoda o rozvázání pracovního poměru**

**Agreement on Termination of Employment**

Ref.No.: zadejte text

**Employer: Univerzita Palackého v Olomouci (Palacký University Olomouc – UP)**

Address: Křížkovského 8, 771 47 Olomouc, Czech Republic

Business ID No.: CZ61989592

UP Division : zadejte text

Division Address: zadejte text

Authorised Representative: zadejte text

(hereinafter, as the “Employer”)

and

**Employee**: jméno, příjmení, titul

Date of Birth: DD.MM.RRRR

Address: zadejte text

(hereinafter, as the “Employee”)

hereby conclude this **Agreement on Termination of Employment**:

On the basis of an employment contract signed on DD.MM.RRRR the Employee has been employed in the position of *uvede se druh práce dle pracovní smlouvy*. This employment relationship is hereby terminated, in accordance with § 49 of the Czech Labour Code, and by mutual agreement, as of DD.MM.RRRR.

Termination of the employment relationship is due to health reasons, in the meaning of provision § 52 d) of the Czech Labour Code, because the Employee according to a medical doctor’s evaluation issued by *uvede se, kým byl posudek vydán* on DD.MM.RRRRis not able to carry out his/her work due to *uvede se: „state work-related injury” nebo “state occupational disease” atd.* according to § 52 d) of the Czech Labour Code.

The Employee will be given severance pay in the amount of *uvede se:* *state 12–15 times* the average monthly salary in accordance to § 67 of the Czech Labour Code and in agreement with the UP Collective Employment Agreement. Severance pay will be paid to the Employee after termination of employment on the next scheduled payday for wages.

This agreement has been prepared in two identical copies, of which one is retained by the Employer and one by the Employee.

In Olomouc, date zadejte datum

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on behalf of the Employer Employee signature