



KidsMobil Order for Child Care Services

Fax to: 200 78 465 (do not use 030 prefix)

Employee name _____

Institute/organisational unit _____

Job title _____ Supervisor's Name _____

Type of request:

Request of an initial meeting between HU employee and child care provider

Request for child care service for the following reason:

- 1 Illness of the child
- 2 Unexpected assignment of work duties or obligations
- 3 Unexpected cancellation of standard child care service (day care center, nanny, babysitter, etc.)
- 4 Short term irregularities in working hours / substitution for other staff members which fall outside the hours during which the child's regular child care services are available
- 5 Attendance at a scientific conference, meeting of a professional or governing body etc.

Details of the child care service to be provided

Date(s) on which service is to be provided Hours of service (from-to)	
Location where service is to be provided Street address and postal code of the residence of the Parent(s) and / or location where the child should be picked up, if desired	
Telephone (home/work/mobile)	
Name of the child / children (max. 4) Dates of birth of the child / children	

Important: The receipt of this form signed by employee and supervisor at the coordination office of child care provider is considered a binding order and legal consent to the provision of child care services, requiring no further confirmation by the contracting party. Once this form has been received by the coordination office, the parents should contact the office of KidsMobil at **030 / 9700 28 86** between the hours of 10 a.m. and noon as soon as possible to discuss further details.

The official necessity of the order is hereby confirmed:

Date

Signature of employee/Custodial parent or Guardian

Signature of Supervisor