



RECTOR'S DIRECTIVE No. 3/2015

DEFINITION OF INTERNAL RULES FOR EMPLOYMENT ESTABLISHMENT, TERMINATION AND CHANGES

UNIVERSITY DIRECTIVE

Assoc. Prof. Dr. Martin Balej, Ph.D., Rector

Valid from: 4 September 2015
Prepared by: Zdenka Mikšovská

This Directive stipulates the internal rules for employment establishment, termination and changes.
The Directive becomes effective on the date of issue.

DEFINITION OF THE INTERNAL RULES FOR EMPLOYMENT ESTABLISHMENT, TERMINATION AND THE EMPLOYMENT CHANGE PROCEDURE

1. Hiring a New Employee

The employees are always hired as of the first or the fifteenth day in a month. Any and all documents required (employment proposal, etc.) are sent to the University Employment Office (the "Employment Office") no later than 10 business days before the employment commencement date. Any and all matters related to the employee hiring procedure, except for section 1 above, are managed by the Employment Office.

Matters to be managed before the employment commencement:

1. The Employment Office to receive from the sections:
 - a. Proposal for employment (see Annex 1), the form needs to be fully completed.
 - b. Proposal for wage assessment (see Annex 2), the form needs to be fully completed.
 - c. Structured curriculum vitae containing the employee's details (address, telephone, e-mail), unless they are contained in the selection procedure file.

1.1 The below-listed items are to be arranged for by the Employment Office in cooperation with the candidate

2. Initial medical examination

The employee shall undertake the initial medical examination prior to the employment effective date. If the job position is not associated with any risk¹, the initial medical examination can be conducted by a general practitioner. The initial medical examination form is provided in Annex 3. If the job position is associated with a risk, the medical examination shall be conducted by the University's contractual partner providing the occupational medicine services. See the Bursar's Directive No. 2/2012 on providing and conducting the company preventive care at the University.
The employment is invalid without a valid initial medical examination.

3. The candidate shall submit the following to the Employment Office (blank forms are to be provided by the Personnel department):
 - a. personal questionnaire (Annex 4),
 - b. affidavit of integrity (Annex 5),
 - c. photocopy of identity card,
 - d. photocopy of public insurance card,
 - e. certificates of education, etc.
4. The Personnel department prepares the employment contract and the wage assessment, sends them to the section for approval (three copies for projects, two copies in standard situations). All copies, signed by the employer, along with two copies of the job description, are returned to the Employment Office.
5. The employee shall appear in person in the Employment Office no later than on the employment commencement date:
 - a. Sign the employment contract and wage assessment
 - b. Sign the job description
 - c. Sign the tax payer's declaration

¹ According to the Occupational Health and Safety regulation (job classification)

2. Employment Termination Procedure

The employment ends:

1. upon expiry of the fixed period of time
2. by agreement as of the agreed date
3. by notice of termination
4. by death

The employer settles the property affairs with the employee sufficiently in advance, i.e. takes over any and all assets which the employee was entrusted for use for the employment duration. Coordinates this with the Economic department.

No later than one week before the employment termination (items 1 - 3), the employee receives the employment termination form from his supervisor (Annex 6).

The employee shall:

- a) Inform their nearest superior on the progress of performance of the tasks assigned
- b) Prepare a written list of unfinished tasks and make preparations for their workplace handover
- c) Return any and all assets of the employer which were entrusted for use for the employment duration
- d) On the last day of employment, hand in the written confirmation of settlement of obligations, the "employment termination" form, to the Employment Office

The Personnel department provides:

1. Employment confirmation
2. Confirmation for the Labour Department, if required

3. Employment Change Procedure

The changes are made usually as of the first day in a month. In case of the employment changes (e.g. employment changes, job classification changes, salary changes, etc.), the sections send the following to the Employment Office no later than 10 days before the change effective date:

1. Employment change proposal (Annex 7) - fully completed
2. Wage assessment change proposal (Annex 2) - fully completed

The Personnel department processes the proposals and returns them to the sections for signature.

The supervisor of the given employee makes sure that all documents are signed by the employee before the effective date of the change.

The supervisor sends the documents signed by both parties to the Employment Office so that the documents are returned to the Employment Office no later than on the effective date of the change.

Should the signed documents not be returned to the Employment Office by the deadline (see above), the change shall not be incorporated in the wage program.

Proposals received by the Employment Office after the effective date of the change shall become effective as of the first day of the following month.

4. Agreements on Work Performed Outside the Employment

The agreements on works performed outside the employment (work performance agreements, work activity agreements) shall be submitted to the Employment Office no later than 10 days before the respective effective date.

This Directive is compliant with the Labour Code and applies to all University sections.



Annex No. 1 to the Rector's Directive No. 3/2015

Proposal for Employment

Last name, first name, academic degrees:

Personal number/activity:

(if it already exists)

Workplace:

Job position:

Employment commencement date:

Employment for: indefinite - fixed period until*:

Probation period: not fixed - fixed at*:

Working time: (i.e. hours per week)

I hereby approve the above-mentioned proposal.

In Ústí nad Labem, date

Employer

Received by the Employment Office on:

Sent by the Employment Office on:

* delete as applicable



WAGE ASSESSMENT PROPOSAL - WAGE ASSESSMENT CHANGES*

Individual promise - limited promise *

Last name, first name, academic degrees:

Personal number/activity:

Workplace:

Cost centre No.:
(13-digit code)

Job position:

Existing working time:
New working time:

Wage class (according to the Internal Wage Regulation A1-A6; N1-N12):

With full-time employment	Existing	Proposed
Wage tariff with 100% working time		
Wage tariff with proposed working time		
*Merit pay		
*Bonus for academic degrees		
*Leadership bonus		
*Shift working bonus		

***Specify the bonuses in the final amount.**

Justification:

Effective from:

In Ústí nad Labem, date:

(Budget Manager)

I hereby approve the above-mentioned proposal for wage assessment - wage assessment change*.

In Ústí nad Labem, date

Employer (transaction orderer)

Received by the Employment Office on:

Sent by the Employment Office on:



Assessment registration No.:

Provider of the company medical services:

MEDICAL ASSESSMENT OF HEALTH QUALIFICATION TO WORK

Issued pursuant to provisions of Section 42 and Section 43 of Act No. 373/2011 Coll.

Employer - registered seat, registration

No.:

Based on the results of:

- Medical examination pursuant to Section 94 of the Labour Code - work at night
- Medical examination of juveniles pursuant to Section 247 of the Labour Code
- Initial medical examination

MUDr. decided in line with the applicable regulations,
 that the assessed person.....date of birth.....
 permanent residence address:.....
 for the job position(s).....

in the shift system: one-shift two-shift three-shift continuous other

- | | |
|---|--|
| a) Classified pursuant to
<input type="checkbox"/> Section 1(1)(a) of Decree No. 101/1995 Coll.- operation on railways
<input type="checkbox"/> Section 1(1)(b) of Decree No. 101/1995 Coll.- operation on railways
<input type="checkbox"/> Section 2(a) of Decree No. 101/1995 Coll. - operation on railways
<input type="checkbox"/> Section 2(b) item 1 of Decree No. 101/1995 Coll. - operation on railways
<input type="checkbox"/> Section 2(b) item 2 of Decree No. 101/1995 Coll. - operation on railways
<input type="checkbox"/> Section 87 of Act No. 361/2000 Coll., as amended - driver up to 7500kg
<input type="checkbox"/> Section 87a) of Act No.361/2000 Coll., as amended- driver above 7500kg
<input type="checkbox"/> Section 19 of Act No. 258/2000 Coll. - epidemiological activities
<input type="checkbox"/> Section 18(1)(j) of Act No. 18/1997 Coll., the Nuclear Act
<input type="checkbox"/> Decree of the Ministry of Transport No. 224/1995 Coll. - Vessel navigation and operation
<input type="checkbox"/> other:..... | b) Classified pursuant to
Decree No. 79/2013 related to the Act No. 373/2011 Coll., as amended
<input type="checkbox"/> <u>works in the risk assessed by the public health protection body</u>
final category 2R <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
for harmful factor
<input type="checkbox"/> <u>works in category 2</u>
for harmful factor.....
<input type="checkbox"/> <u>works in category 1</u>
risk to health in work category 1 and 2 - Annex 2, II.

..... |
|---|--|

- a) medically qualified* b) medically unqualified*
- c) medically qualified* with a condition**:
- d) has lost the medical qualification in the long term

Assessment expiry date (date of extraordinary occupational health examination ***)

Instructions:

Pursuant to the provisions of Section 46(1) of Act No. 373/2011 Coll., as amended, a motion for this assessment review can be filed within 10 business days as of the demonstrable handover thereof. The motion shall be filed in writing to the provider that issued the assessment. The motion for the medical assessment review does not have a suspensory effect if the assessed person is medically unqualified, has lost the long-term medical qualification or is medically qualified with a condition.

Indate

Doctor's stamp and signature, occupational health services provider's

stamp:.....

The assessed person was made familiar with the assessment and the instructions and took over the medical assessment in a demonstrable manner.

Date Assessed person's signature:.....

* Delete as appropriate ** Specify the required conditions, e.g. method of the working time adjustment, shift schedule, restriction of some tasks and activities

*** limit the assessment validity if required based on the identified medical condition or medical qualification (or if so stipulated in other statutory regulation)

X-mark mark sification of the work activity performed in the respective group

PERSONAL QUESTIONNAIRE

Workplace		Personal No.		
Last name, first name, academic degree Maiden name Or former name		Date of birth		
		Place of birth		
		Birth certificate No.		
Permanent residence		Contact address		
Postal code	Tel.	Postal code	Tel.	
ID card No.		Citizenship		
Valid till:		Marital status		
Passport No.* * to be completed only by foreigners		Public health insurance company		
Valid till:				
E-mail:				
Bank account No.:				
Have you enrolled for the pension insurance pillar 2?				
FAMILY MEMBERS				
Name, surname (including maiden names)		Birth certificate No.	Address	
Spouse				
Children				
EDUCATION				
COMPLETE	Name of school	Discipline	Year graduation	Type of exams
elementary				
secondary general and technical				
higher specialised				
tertiary				
postgraduate				
Scientific				

INCOMPLETE Including the current studies				
Long-term courses, traineeship Specialised training, etc.				
Vocational training in the field	Date of completion	Language proficiency	Level of knowledge	Type of exam

PREVIOUS EMPLOYMENT

(specify all employments including the military service, etc.)

Employer – registered seat	Job position	from	to	Record of the employer

Do you still have other employment?

Employer	Type of activity	from	Working hours
Are you paid any pension? YES / NO *)		Is your work ability limited? YES / NO *)	
Type	from	Type	from

Are any court proceedings being conducted against you? YES / NO *)	Do you have wage deductions ordered (e.g. alimony, loans or other payables)? YES / NO *)
---	---

Reason	By Ref. of in the amount of CZK
--------	---

I hereby agree that the Employer may process the data provided by me in the personal questionnaire for the purposes of HR activities and for the fulfilment of tasks imposed by law, for the period absolutely necessary for securing the rights and obligations arising from the employment and for establishment thereof. I hereby undertake to report any changes in the processed personal data without undue delay.

Further, I represent and warrant that I have been duly informed about the data processing in connection with the employment and about the associated rights as per Section 11 of Act No. 101/2000 Coll. and as per Section 30 of the Labour Code.

I further represent and warrant that no bankruptcy procedure is conducted against myself.

I declare that I have not concealed any information and that all of the information that I have provided above is true.

In date
Signature

*) Delete as appropriate, in case of multiple deductions, specify the types and amounts of the deductions on a separate sheet of paper to be attached to the personal questionnaire.

Affidavit of Integrity of an Employee of Jan Evangelista Purkyně University

I, the undersigned,

First name and last name:

.....

Date of birth:

Permanent residence:

.....

Employed at the University as:

hereby represent and warrant

that I was not lawfully convicted of a crime committed with intent, of tort by negligence of a proprietary character or of a crime related to the public administration. *)

I am aware of the fact that integrity is the legal requirement for proper performance of my job position at the University (see Section 316(4) of the Labour Code, and Section 5(b) of Act No. 320/2001 Coll. on financial controlling).

In Ústí nad Labem, date

.....

Signature

*) Such integrity shall also be the case when the conviction was deleted from the criminal records or the person is deemed not to have been convicted as per the special statutory regulation.

EMPLOYMENT TERMINATION CERTIFICATE

J. E. Purkyně University in Ústí n. L., Pasteurova 1, 400 96 Ústí nad Labem

Last name and first name:

Personal No.:

Workplace:

Faculty:

Employment termination date:

Settlement of the employee's obligations towards the University

<u>Department</u>	<u>Settled yes/no</u>	<u>Date and the responsible person's signature</u>
Treasury (Economic dept., Tichá)		
Assets Management (Economic dept.)		
Accounting (Economic dept., Kulhavá)		
IT Centre - access rights to PC, access card		
Scientific library		
I hereby declare that I was not registered by the libraries		
Payroll - meal tickets (Employment Office)		
Gatehouse		
Lawyer		
Department Manager		

The employee was given the employment confirmation.

Date:

Employee:

Personnel Department:

Employment Change PROPOSAL

Last name, first name, academic degrees:

Personal number/activity:

(if already exists)

Workplace:

Job position:

Effective date of change:

Change of fixed period till*:

Working time change to *(specify the percentage)**: *(i.e. specify:*hours per week)
This change requires the wage assessment change proposal to be attached!

Job position change to*:

Job performance place changed to*:

I hereby approve the above-mentioned proposal*.

Other change*:

In Ústí nad Labem, date

Employer

Received by the Employment Office on:

Sent by the Employment Office on:

* delete as appropriate