



Please return to:
PZ at the Institute
or
P&O NWO-I
PO Box 3021
3502 GA UTRECHT
The Netherlands

For further information, employees of institutes please contact your personnel officer.

Other employees can contact:
Ms. A. Bor, a.bor@nwo.nl, +31 30 600 12 37

Go to [NWO-I People](#) to submit this form digitally!

AVOM FORM PURCHASING EXTRA/PAYMENT FOR HOLIDAY HOURS

Your AVOM application should preferably be submitted via NWO-I People.

Please note! Employees of NIOZ and CWI use the AVOM forms that are available at their institute.

Name : _____
Date of birth : _____
Email address : _____
Section of organization : _____

Indicate your choice below (you may only choose one of these two objects):

Object 1: Purchasing extra holiday hours

Number of holiday hours to be purchased : _____ in the year: _____

I wish to have this amount deducted from my gross salary over:

one month 12 months one month, in May one month, in December

Object 2: Payment for holiday hours

Number of holiday hours to be sold: _____ in the year: _____

I will make use of regular child care and therefore wish to be paid out 16 hours extra (tick if applicable)

If you want to sell holiday hours this year, then your application form has to be at the Payroll Department **before 1 December**.

By signing this application form, I declare that

- I have read the information on the NWO-I website, concerning the possible consequences of my choice, and annex 3 of the Cao-OI and that I consent with the provisions in this regulation;
- I agree to alteration of my contract of employment in accordance with my choice as stated on this form.

Date: ____ - ____ - _____

Employee signature: _____

For university-based staff NWO-I maintains a leave record showing AVOM hours accrued and AVOM hours taken.

For institute based staff and NWO-I Office staff the undersigned declares that the indicated _____ (*number*) holiday hours have been deducted from /added to your leave entitlement.

Personnel Officer signature

Town/city

____ - ____ - _____
Date

Verwerking P&O / Salarisadministratie

Registratienummer:	_____	Invoer P&O d.d. / paraaf:	_____
Indienstdatum:	_____	Controle P&O d.d. / paraaf:	_____
Uitdienstdatum:	_____	Aantal uren:	_____
Deeltijdpercentage:	_____	Invoer SA d.d. / paraaf:	_____
Aanwezigheidspercentage:	_____	Controle SA d.d. / paraaf:	_____