

Responsible department or Berlin Professional School /
contact partner

Declaration

Relinquishment of maternity leave /

Revocation of relinquishment of maternity leave

in accordance with § 3 section 3 *Mutterschutzgesetz* (MuSchG)

Surname, forename

Enrolment number

Degree programme, subject-specific semester

I informed the HWR of my pregnancy on

The estimated delivery date is

(Please submit a copy from the *Mutterpass* or other proof or send by e-mail as a scan if it is not to hand)

Information about maternity leave and proof of pregnancy

You have the right to maternity leave as defined by § 3 MuSchG (6 weeks before and min. 8 weeks after the estimated date of delivery) as specified in the medical certificate or a midwife's certificate.

I declare that I do **not** wish to take advantage of maternity leave, i.e. I will continue to participate in classes and examinations.

I hereby revoke my declaration that I do **not** wish to take advantage of maternity leave, i.e. I will cease to participate in classes and examinations immediately.

Date, student's signature



Comment of the administration

Only to be completed by the administration

Mutterpass or similar submitted

Further action Yes No

If yes, which:

Date, signature