**Termination of authorisation of employee**

To perform the role of

**…[[1]](#footnote-1)**

The University of Chemistry and Technology, Prague, registered address Technická 5, 166 28 Prague 6, as the employer hereby terminates the authorisation of the following employee:

|  |  |
| --- | --- |
| Academic title, first name, last name: |  |
| Personal number: |  |
| Organisational unit: |  |
| Date of authorisation: |  |
| Date of termination of authorisation: |  |

This Termination of authorisation has been prepared in four original copies that will be given to:[[2]](#footnote-2)

* the employee whose authorisation to perform a role is hereby terminated,
* the head of the relevant organisational unit at UCT Prague,
* the Department of Safety and Risk Prevention,
* the Personnel Department.

The authorisation of employee is terminated by the head of the above organisational unit:

|  |  |
| --- | --- |
| Academic title, first name, last name | Date, signature |
|  |  |

With my signature, I hereby confirm that I have received the Termination of authorisation:

|  |  |
| --- | --- |
| Academic title, first name, last name | Date, signature |
|  |  |

1. Provide the name of the role, such as: head of laboratory, OHS Officer, FP Preventionist, HSM Officer, Gas Equipment Officer, Medical Officer etc. [↑](#footnote-ref-1)
2. In case of termination of authorisation to perform the role of ‘head of department’ two original copies are enough, one for the given employee and one for the head of the relevant organisational unit of UCT Prague. [↑](#footnote-ref-2)