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| Anschrift Personal verwaltende Dienststelle | | | | | | | | | | | | | PVStS | | | | | |  | Ort und Datum | | | | | | | | | | | | | | | | | | | | | | |
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| Landesamt für Steuern und Finanzen | | | | | | | | | | | | | | | | | | |  | **Mitteilung von Personaldaten**  Beurlaubung/sonstige Abwesenheit  Anlage  (Zutreffendes bitte ankreuzen bzw. ausfüllen) | | | | | | | | | | | | | | | | | | | | | | |
| Dienststelle | | | | |  | | | | | | | | | | | | | |
| Arb.Gr. | | | | |  | | | | | | | | | | | | | |
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| Geschäftszeichen des LSF | | | | | | | | | | | | | | | | | | Name, Vorname | | | | | | | | | | | | | | | | | | | | | | | | |
| Sachbearb.-Nr. | | | | | | Personalnummer | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Beurlaubung/sonstige Abwesenheit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Beginn: | | | | | | | | | |  | | | | | | | | | | | | | | Ende: | | | | | | | | | | |  | | | | |  | |
| lt. | |  | | | | | | | | | | | | | | | | | | | | | | Verlängerung bis: | | | | | | | | | | |  | | | | |  | |
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|  | | Mutterschutzfrist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Elternzeit | | | | | | | | erziehungsgeldunschädliche Teilzeit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Gewährung einer befristeten Erwerbsminderungsrente | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Soldat auf Zeit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | freiwilliger Wehrdienst gem. § 58b Soldatengesetz | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Sonderurlaub (z. B. gem. § 28 TVL)** *Unter den § 28 TV-L fällt auch die Freistellung zur Ableistung des Bundesfreiwill-igendienstes gem. Bundesfreiwilligendienstgesetz (BFDG). Es liegt die Voraussetzung des "wichtigen Grundes" i. S. des § 28 TV-L vor.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Arbeitsbefreiung (z. B. gem. § 29 TV-L) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | § 29 Abs. 3 Satz 1 TV-L (bei Blutstammzellspende nach TFG) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | § 29 Abs. 2 TV-L (Einsatz außerhalb von Behörden des FS Sachsen) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Freistellung aufgrund Sabbatjahr-Vereinbarung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Freistellung nach dem Gesetz über die Pflegezeit (PflegeZG) vom 28. Mai 2008 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | **kurzzeitige Arbeitsverhinderung gem. § 2 PflegeZG** *Hinweis: Bei Antrag des Beschäftigten auf Pflegeunter-stützungsgeld ist der Vordruck "Entgeltbescheinigung zur Berechnung von Pflegeunterstützungsgeld bei kurzzeitiger Arbeitsverhinde-rung nach § 2 Abs. 1 PflegeZG" beizufügen. Bei Leistungsbewilligung durch die Pflegekasse ist der Bewilligungsbescheid nachzureichen.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Freistellung vom: | | | | | | | |  | | | | | | | | | | | | | | bis: | | | | | | | | | | |  | | | | | |
|  |  | | Zahl Kalendertage: | | | | | |  | | | | | | davon Arbeitstage vom: | | | | | | | | | | | | |  | | | | | | bis: | | |  | | | | bzw. |
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|  |  | | Pflegezeit gem. § 3 PflegeZG *Hinweis: Bei Antrag des Beschäftigten auf zinsloses Darlehen gegenüber dem BAfzA ist der Vordruck "Datenübermittlung im Rahmen der Beantragung eines Darlehens nach § 3 FPfZG" beizufügen.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rechtsgrundlage/Tarifvorschrift: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Dienstantritt nach Ablauf der Beurlaubung am: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | Wegfall von Bezügen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Zeitraum – am/vom: | | | | | | |  | | | | | | | | | | | | | bis | |  | | | | | | | | | |  | | | | | | | | | |
| Anteil der einzubehaltenden Bezüge:       ( Stunden,  Tag,  Tage,  Unterrichtsstunden) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | sonstige Mitteilungen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Die Richtigkeit der vorstehend aufgeführten Angaben wird bestätigt. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Unterschrift/Funktionsbezeichnung/Stempel | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |