



## Information required for requesting work-related travel forms (portable document A1)

LBV-Staff-ID/Personnel number	_____		
I work on the campus in:	<input type="checkbox"/> Duisburg <input type="checkbox"/> Essen		
Employed at the University of Duisburg-Essen since:	Date of employment		
Gender:	<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> diverse <input type="checkbox"/> non-specific
Person assigned to work abroad:	Surname, first name		
Current address (primary residence):	Street, house number, zip code, town		
Date and place of birth:	Date	Place	Country
Nationality:			
Pension insurance number (please enter without spaces):			
Current health insurance provider:	<input type="checkbox"/> Private health insurance ( <b>no further information required</b> ) <input type="checkbox"/> Statutory health insurance Name and address of statutory health insurance provider:		
A general business travel authorization has been issued for the destination:	<input type="checkbox"/> yes <input type="checkbox"/> no		
Period of the work abroad (please specify precisely to-the-day):	Business affair from _____ until _____		
Purpose of the work abroad:	Brief description of the activity/reason for the work-related travel:		
Full work address abroad (specification of the institution is mandatory):	Institution: Street: House number: Zip code: Town: Country:		

### **Important note:**

The application for a dispatch or A1 certificate can only be made for a business trip that has already been approved by your superior.