



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 (no further information required) <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.