Please note that ONLY the German version of this document is legally binding. The English translation is provided for informational purposes and to help you fill out the original German form. You must fill out and sign the German form.



Katholische Universität Eichstätt-Ingolstadt Studierendenbüro Ostenstr. 26 85072 Eichstätt, Germany

Notification of breastfeeding period in accordance with Section 15 (1) (2) <u>Mutterschutzgesetz (MuSchG)</u>¹

Name:	
First name:	
Address:	
Phone:	
E-mail:	
Date of birth:	
Degree program:	
Faculty:	
Semester:	
□ will breastfeed my child/children for an expected period until □ (date) or □ have ceased to breastfeed my child/children since □ (date). A risk assessment at the KU has already been carried out: □ yes, on (date) □ no but I will contact the responsible sefety efficer at the KLI so that a risk assessment can	
□ no, but I will contact be carried out.	t the responsible safety officer at the KU so that a risk assessment can
Place, date	Signature
	Last updated: August 2018

¹ Mutterschutzgesetz (MuSchG) is the German maternity protection act regulating the protection of mothers at work, in training and during their studies.