

# Documentation and individual counseling on maternity protection

Date, time and place of counseling: \_\_\_\_\_

I Personal data (to be filled in by the student)

Student's details	
Given and family name of expectant	
mother:	
Student ID no.:	
Subject:	
Expected delivery date:	
Expected length of breastfeeding phase	
Details of maternity protection officer	
Given and family name, title (where applicable):	
Subject/ function:	
Phone:	
Email:	

## II. Currently-attended classes (LV)

(Information to be provided by lecturer in accordance with § 27 MuSchG para. (3))

	Title of the class	Please mark releva box *	If yellow marked: Specific agreements on individual hazard prevention were made Response yes / no	Date and signature of lecturer
1				
2				
3				
4				
5				
6				
7				
8				





\* If yellow is marked and no specific individual hazard prevention arrangements have been made, attendance in the class is no longer permitted.

Is the required weekly time commitment of a total of 90 hours exceeded in two weeks? (§ 4 MuSchG)	
Is the required maximum daily attendance time of 8 hours exceeded? (§ 4 MuSchG)	
Are there attendance hours before 6:00 or after 20:00? ( <u>§ 5 MuSchG</u> ; waiver required)	
Are there weekend study hours? ( <u>§ 6 MuSchG; waiver required</u> )	

### III. Information for the student: The student was made aware that

she may interrupt her attendance of the class for resting/breastfeeding if she needs to?	yes	🗆 no
that there are rest facilities at the university (see information on the Division VIII.2 website (health and safety at work).	□ yes	🗆 no

#### IV. Result of hazard assessment

Due to the result of the hazard assessment, there shall be

no change to the classes attended

Changes to classes attended in line with "Specific agreements on indiv. hazard prevention"

□ changes to recommended study plan (see V)

- no change to the recommended study plan
- no change to the recommended study plan
- no change to the duration of study
- □ changes to the duration of study (see V)

Reorganization or other implementation measures are not possible. Studies must be suspended

#### V. Concrete information on the future course of studies / change of study duration.

Reason	Required change(s)

(Date, signature of the officer)

(Date, signature of student)

Maternity protection officer's comments: Forwarded to

Student Administration on

\_, signature

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