ANNEX to the Employee Duties, Entitlements and Responsibilities Card\*/ Appendix to Agreement\*

Appendix no. 5 to PK Rector's Ordinance No 30 from 21 May 2018

Withdrawal card for entitlements and authorizations

**To process personal data at the Cracow University of Technology**

|  |  |
| --- | --- |
| Data of authorized person | |
| First name: | Surname: |
| PK unit symbol: | Position / function: |

|  |  |  |  |
| --- | --- | --- | --- |
| Area of data processing | Address: | | |
| Building: | | Room/premise: | Tel:  of authorized person |

Authorization to process personal data was issued on: .......................

# I apply for withdrawal of authorization and entitlement to process my personal data in the IT system and in documents in a material form (hardcopy) from................................................................on account of:

1. expiry/termination of employment contract/contract of mandate/specific task contract\*,
2. long-term absence of employee (sick leave exceeding 35 days, un-paid leave, parental leave)
3. change of position\*,
4. change of place of employment\*,
5. change of scope of professional obligations\*,
6. breaching procedures of personal data protection in the IT system\*,
7. **other** (completion of works in the University Commissions, Departmental Commissions).

..................................................................

date, stamp (first name, surname, function), signature of the applicant

**I withdraw authorization to process personal data at PK as of the date due to reason specified above.**

......................................................................

date, stamp, signature of Local Personal Data Controller

**I acknowledge that:**

– I remain deprived of authorization and entitlement to process personal data at PK due to the reason specified above,

– I continue to be obliged to maintain confidentiality with respect to personal data and information obtained at PK.

..........................................................................................

Data and eligible signature of person whose authorization is withdrawn

\* delete as appropriate

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*The below table is to be filled out by* ***ASI*** *on the document designated for Information Safety Administrator*

**Confirmation of withdrawal of entitlements by the IT System Administrator (ASI)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Name of IT System application | User Identifier | Eligible ASI signature |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This Card is elaborated in original versions designated for:***

1. *Authorized person,*
2. *Department of Personal Affairs as Annex to the Employee Obligations, Authorizations and Responsibilities Card/Appendix to the Contract of Mandate/Specific Work Contract*
3. *Personal Data Protection Inspector (Organizational unit PK R-5)*

**1/1**