

**Fresenius Medical Care Compensatory Time Account**  
**Play. Pause. Fast forward.**



**Withdrawal current contributions - Schweinfurt**

\_\_\_\_\_  
Surname, first name

\_\_\_\_\_  
Personnel number

\_\_\_\_\_  
Company

**The employee revokes the following current conversion as of the next possible date:**

(Please tick)



**Target variable remuneration**

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of employer/Payroll Management

**Please submit the form to the person responsible at Payroll  
Management.**

Processing note: \_\_\_\_\_  
(to be completed by Payroll Management)