



**FRESENIUS  
MEDICAL CARE**

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

**PAUSE.**

**Withdrawal current contribution(s) – Vivonic GmbH**

---

Surname, first name

Personnel number

---

Company

**The employee withdraws the following current conversion(s) as of the next possible date:**  
(Please tick)



Current monthly **gross salary**



Payout amount of the **target variable**

---

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)