



Universität Regensburg

Form for creating a certificate of employment or reference

Surname, first name: [Click here to enter text.](#)

Date of birth: [Click here to enter text.](#)

Job title: [Click here to enter text.](#)

Place of employment [Click here to enter text.](#)

Type of certificate: [Click here to enter text.](#)

Reason for issuing a certificate: [Click here to enter text.](#)

Date of start of employment: [Click here to enter text.](#)

Date of termination of employment: [Click here to enter text.](#)

Longer periods of interruption of employment, where applicable:
[Click here to enter text.](#)

Description/profile of the institute/faculty/chair (not absolutely necessary)
[Click here to enter text.](#)

Job description (attach an extra sheet if necessary):
[Click here to enter text.](#)

Performance evaluation: (please tick appropriate grade corresponding to the German school grading system (1 best; 6 worst))

Evaluation criteria	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6
Specialist knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to engage in further training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive and intellectual capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance under stress/ Capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Method of working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance evaluation overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External behaviour (as far as relevant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management success (only with managerial employees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee's own desired or supplementary formulation or explanation of the evaluation, if applicable:

Click here to enter text.

Date:

Click here to enter text.

Signature of superior:

Please send the completed form in electronic form to the relevant section of the personnel department:

- Admin. Div. III/3, attn. Ms. Phipps, email: carmen.phipps@ur.de
- Admin. Div. III/5, email: referat35-arbeitszeugnisse@ur.de