**If service is needed – please complete this form and send it to Deloitte (****kathek@deloitte.dk****)**

**Information to be provided to Deloitte:**

|  |  |
| --- | --- |
| Which service is requested, choose between service no. 1- 6 from previous page |  |
| Name of the employee needing assistance |  |
| The employee’s phone number and e-mail |  |
| The employee’s nationality and the employee’s place of living prior to the move |  |
| Does the employee have spouse/children and is the spouse/children joining the employee |  |
| Start date of the employment |  |
| Length of employment |  |
| Comments |  |
| Aarhus University billing address and EAN number: |  |
| Contact person at Aarhus University: |  |
| Shall the employee pay for the service himself/herself (partly or in full) |  |
| Approval to be paid by AU: yes or no |  |
| Date of the request |  |