



**Notification that fixed-term employment, in accordance with chapter 5 of the Higher Education Ordinance, will not be continued**

**LUNDS**  
UNIVERSITET

**Personal details**

Personal identity number	Surname	First name
Address	Post code	Postal address

**Notification that fixed-term employment will not be continued**

You are hereby notified that your employment will not be continued when your current position as

..... at ..... ceases on .....

**The employment has been for a fixed term in accordance with chapter 5 of the Higher Education Ordinance (doctoral students, teaching assistants, clinical assistants)**

You do not have a preferential right to re-employment.

**Trygghetsstiftelsen (The Job Security Foundation)**

The employer will register you with Trygghetsstiftelsen, which can provide support in accordance with the state collective agreement on job security matters, [www.tsn.se](http://www.tsn.se)

Date	Head of department or equivalent	Name in block capitals
Date	Administrator	Name in block capitals