APPLICATION for Staff Mobility grant in the framework of ERASMUS- 2018/19

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| To:**Communications and Development Unit** European Humanities University, Savičiaus g. 17-205, 01127 Vilnius | Received:(to be filled out by the CDU) | Status of Approval:(to be filled out by the CDU)No [ ]  Yes [ ] , in the amount of      |

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| **Applicant** | Surname | Name | Title |
| Social Security Nr. (SODRA) | Nationality | Working at EHU since |
| Department/Unit | Phone | Email |

**Information on previous staff training mobility**

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| --- | --- | --- | --- |
| Goals and purpose of mobility | Dates: from/to | Destination: country, institution | Expenses were covered by |
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**Travel information and cost approximation**

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| Country |  | City  |  |
| Host Institution (name in official language) |  |
| Erasmus Code of Host Institution(filled out by IRU) |  | Subject Area Code (SAC) |  |
| Type of Mobility | [ ] Erasmus Teaching Assignment (TA)[ ]  Erasmus staff training (STT)[ ]  Erasmus preparatory visit |
| Duration of ERASMUS Mobility(including travel days) | From 00.00.2018 | to 00.00.2018 |
| Duration of ERASMUS teaching assignment (TA)/ staff training (STT) | From 00.00.2018 | to 00.00.2018 |
| Number of teaching hours/ training | Teaching hours\* \_\_\*minimum 8 per TA and week | STT       |
| Motivation/ Remarks |  |
| Cost in Euro and foreign currency(FC) | Travel (according to the Distance calculator) |  | (FC      )  |
| Individual support (according to the per diem allowance) |  | (FC      ) |
| Sum: |  | (FC      ) |
| **Requested Allowance** |  | (FC      ) |
| **Signature of Head of Department/**  **Chief of Academic Affairs** | Name:  | Signature: | Date:00.00.2018 |

Commitment of applicant

**I hereby declare**

-to use the support only for covering travel and higher living costs in the host country and not receiving financial support from other sources\*covering the same costs. (\* EU funds, foundations etc)

-to organize full insurance coverage

-to fulfill minimum requirement of the ERASMUS programme

-to know all conditions for a positive execution of this application and to inform the Academic Development Unit in case execution of mobility cannot be fulfilled. Already received financial support will have to be reimbursed in the amount declared by the Academic Development Unit.

**I will present the following documents within 30 days after the end ERASMUS activity:**

- Bill of expenses including all original receipts (tickets, receipt for purchase of tickets, boarding cards, hotel bills etc.)

- Confirmation of teaching assignment/ staff training (from the host institution, use EHU form)

- Report for ERASMUS mobility (use EHU form)

I hereby confirm that all information given in this application is correct and complete. In case of approval content and duration of the mobility can be publicized.

 00.00.2018

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Date and Signature of the Applicant

Leave of absence

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| **IMPORTANT**!The leave of absence has to be requested separately with the human resource department. Please follow procedures and forms provided by the human resource department. |

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The APPLICATION for Staff Mobility has to be received no later than 3 weeks before the start of the mobility.