APPLICATION for Staff Mobility grant in the framework of ERASMUS- 202\_/202\_

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| European Humanities University, Savičiaus g. 17-108, 01127 Vilnius | Received:  (to be filled out by the manager) | Status of Approval:  No  Yes , in the amount of |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |
|  |  |  |  |
|  |  |  |  |

**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)  **…** | | | | |
| Duration of ERASMUS Mobility  (including travel days) | From 00.00.202\_ | | | to 00.00.202\_ | |
| Duration of ERASMUS teaching assignment (TA)/ staff training (STT) | From 00.00.202\_ | | | to 00.00.202\_ | |
| 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** | Name: | | Signature: | | Date:00.00.202\_ |

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 International Mobility Manage in case execution of mobility cannot be fulfilled.

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

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

- Report for ERASMUS mobility

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.

00.00.202\_

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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.