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

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

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

**Travel information and cost approximation**

|  |  |  |  |
| --- | --- | --- | --- |
| 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\_

………………………………………………………………………

Date and Signature of the Applicant

Leave of absence

|  |
| --- |
| **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. |

………………………………………………………………………………………………………………………

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