

JOINT DECLARATION**REF. No OPI /..... Erasmus+ Project No. 573915-EPP-1-2016-1-DE-EPPKA2-CBHE-JP**

The reference number must correspond to the progressive numbering indicated in the financial statements of the final report

FROM

Hereinafter "the Institution"*

AND

Name:

Address:

Hereinafter "the Staff member"*

THE INSTITUTION AND THE STAFF MEMBER HEREBY CERTIFY THAT:

- The Institution is a member of the partnership for the above-mentioned project.
- The Staff member is either:
- employed by the Institution and is part of its payroll system **YES/NO**
or
- a natural person ** assigned to the project on the basis of a contract against payment **YES/NO**
- The Institution and Staff member agree that the Staff member has worked on this project and performed

dd/mm/yy

dd/mm/yy

FROM	TO
-------------	-------	-----------	-------

Please describe the outputs produced (short overall indication since detailed information has to be given in the accompanying time-sheet):

.....

.....

.....

- Please complete the following information.

Staff category (Manager / Researcher, Teacher, Trainer / Technician / Administrative staff)	.....
Country of the Institution	.....
Number of days worked and charged to the project (according to time-sheet)	.....

5. This declaration does not alter in any way the employment conditions/assignment already existing between the Institution and the Staff member and is established solely for the purpose of justifying the Staff costs that the Institution will charge to the *Erasmus+ Capacity Building in Higher Education* grant.

Done in

Date

Name

Function

Institution

Staff member name

Signature and Stamp of the Institution

Signature of the Staff member

*The declaration must be signed by the person concerned, then signed and stamped by the person responsible in the Institution where this person worked for the project. The Institution must be a member of the partnership.

** A natural person (*individual*) can be assigned to the action also on the basis of e.g. a civil contract, a free-lance contract, an expert contract, a service contract with self-employed person ("in house consultant) or a secondment to the Institution against payment. The costs of such natural persons working under the action may be assimilated to the costs of personnel, if:

(i) the person works under conditions similar to those of an employee (in particular regarding the way the work is organised, the tasks that are performed and the premises where they are performed); and

(ii) the result of the work belongs to the Institution (unless exceptionally agreed otherwise); and

(iii) the costs are not significantly different from the costs of staff performing similar tasks under an employment contract within the institution

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Agreement on payment of staff costs**BETWEEN**.....
.....

Hereinafter "the Institution"

AND

Name:

Address:

.....
.....
.....

Hereinafter "the Staff member "

THE FOLLOWING HAS BEEN AGREED:

1. The Staff member agrees, that he gets the staff costs payment concerning his work on project tasks due to the rules in Erasmus+ and performed the following duties during the project's eligibility period.

	dd/mm/yy		dd/mm/yy		(No of days)
FROM	TO	.....	Duration in days:	.....

Short list of outputs of performed works:

.....
.....
.....

2. Please complete the following information.

Working days salary rate in EUR

..... EUR/day

Total salary for above period in EUR

..... EUR

Staff category (Manager / Researcher, Teacher, Trainer / Technician / Administrative staff)	.....
Country of the Institution in which the Staff member is employed	.....
Number of days worked on the project (according to time-sheet)	.....
Total cost (Erasmus+ grant and co-financing)	..... EUR
included co-financing – not paid via project funding	..... EUR

Account holder:	
IBAN	Bank name
BIC	

Done in

Date

Name

Function

Institution

Staff member name

Signature and Stamp of the Institution

Signature of the Staff member

* The declaration must be signed by the person concerned, then signed and stamped by the person responsible in the institution where this person is normally employed. The Institution must be a member of the partnership.

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INDIVIDUAL STAFF MEMBER REPORT**Reporting Period:** from to**Consortium Member:****Staff member name:****Activity carried out in:****Date of Report:**

Activity code no	ACTIVITIES	RESULTS	DAYS USED
.....
.....
.....
.....
.....
.....
.....
.....
Total:		

Signed by staff member

.....

Date and Signature**Authorized by Local Project
Coordinator**

.....

Date and Signature