

STAFF CONVENTION

Ref. No.....

Project No. C3QA 574273

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

BETWEEN
Hereinafter "the Institution"*

AND Name:
Address:
.....
Hereinafter "the Staff member"*

THE FOLLOWING HAS BEEN AGREED:

1. The Institution is a member of the partnership for the above-mentioned project.
2. The Staff member is employed by the Institution and is part of its payroll system.
3. The Institution and Staff member agree that the Staff member has worked on this project and performed the following duties during the project's eligibility period.

<i>dd/mm/yy</i>		<i>dd/mm/yy</i>	
FROM		TO	

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

.....

4. Please complete the following information.

Staff category (Manager / Researcher, Teacher, Trainer / Technician / Administrative staff)	
Country of the Institution in which the Staff member is employed	
Number of days worked and charged to the grant (according to time-sheet)	
Staff costs per day in EUR (see rates in Annex I of the Guidelines for the Use of the Grant For grants awarded in 2016 under Call EAC/A04/2015)	
Total cost from Erasmus+ grant	

5. This agreement does not alter in any way the employment conditions already existing between the Institution and the Staff member and has been 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 convention 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.*