



Declaration on exclusive work for the action	YEAR:	
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Project acronym:		SERI project number:	
Participant name:		A full-time equivalent corresponds to <i>(insert value in the box to the right)</i> hours per year:	
Name of the person:		Type of personnel: (employee/ natural person under direct contract/ seconded/ other)	

Month	Fixed work-time percentage	Work Packages worked on (e.g. WP2; WP5)	Date and signature of the person (optional)	Name, date and signature of the employee's supervisor (mandatory) ¹
January			Signature: Date:	Name: Signature: Date:
February			Signature: Date:	Name: Signature: Date:
March			Signature: Date:	Name: Signature: Date:
April			Signature: Date:	Name: Signature: Date:
May			Signature: Date:	Name: Signature: Date:
June			Signature: Date:	Name: Signature: Date:
July			Signature: Date:	Name: Signature: Date:
August			Signature: Date:	Name: Signature: Date:
September			Signature: Date:	Name: Signature: Date:
October			Signature: Date:	Name: Signature: Date:
November			Signature: Date:	Name: Signature: Date:
December			Signature: Date:	Name: Signature: Date:

Leave (actual costs): The employee had _____ days of leave (e.g. short-term sick leave and additional non-insured parental leave) during the year.

Leave (covered by insurance): The institution received CHF _____ reimbursed by social security scheme or private insurance for _____ days leave (e.g. long-term sick leave, leave due to accident, parental leave, military leave).

¹ The declaration on exclusive work for the action can be signed either manually or electronically.