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| **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 (*insert value in the box to the right*) 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]](#footnote-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. [↑](#footnote-ref-1)