***ERASMUS+ PARTNER COUNTRIES*** mobilnost

procedura na FFZG

PRIJE PUTA

1. Izvršiti obveze prema Sveučilištu u Zagrebu (v. [Upute](http://www.unizg.hr/fileadmin/rektorat/Suradnja/Medunarodna_razmjena/Studenata/Erasmus_SMS/ERASMUS_PARTNER/KA107-EPLUS-17-STAFF/2Krug-staff-Upute_nakon_natjecaja.pdf))
2. Ispuniti putni nalog (navesti iznos akontacije = v. *Ugovor o dodjeli financijske potpore* + potpis pročelnika/ice)
3. Priložiti **kopiju** *Ugovora o dodjeli financijske potpore*, te **kopiju** *Suglasnosti dekanice za odsustvo s radnoga mjesta* (koju ste poslali u prijavi)
4. Nakon potpisa pročelnika/ice odnijeti u Financijsko – računovodstvenu službu (BLAGANJA: A. Mandić)
5. Na put ponijeti [***Statement of Host Institution***](http://www.unizg.hr/suradnja/medunarodna-razmjena/razmjena-sveucilisnih-djelatnika/dokumenti-i-obrasci/erasmus-partnerske-zemlje-ka107/) (ovjeriti na instituciji domaćinu)

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| --- |
| ***upisati: ERASMUS+ PARTNER COUNTRIES***  ERASMUS+ Partner Countries |

|  |
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| POTPIS pročelnika/ice Odsjeka, voditelja/ice Centra |



upisati **iznos KONTACIJE**

(80 % potpore) Ugovor o dodjeli financijske potpore)

\*Računovodstvo po potrebi može zatražiti dodatnu dokumentaciju.

Staff mobility for teaching and training KA107

Erasmus plus logo

**STATEMENT OF HOST INSTITUTION**

**Erasmus+ programme**

**Academic year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STAFF MEMBER DATA**

|  |  |
| --- | --- |
| Name: |  |
| Surname: |  |
| Home Institution  Erasmus ID code | University of Zagreb  HR ZAGREB01 |

The undersigned representative of the Host Institution hereby confirms that the above mentioned staff member has realized Erasmus+ mobility period at Host Institution:

|  |  |
| --- | --- |
| **Confirmation of Arrival/Departure** | |
| Date of first working day at the host institution): |  |
| Date of last working day at the host institution): |  |

|  |  |
| --- | --- |
| Name, Surname, Position of the host HEI\* Representative:  Signature:  Date: | Stamp of Host Institution |

**Host Institution data**

|  |  |
| --- | --- |
| Host Institution:  Name, City |  |
| Address, City, Country: |  |
| Host faculty, Department, Unit |  |
| Contact person\*  Name, Surname, Title, Position  E-mail address |  |

*\*Contact person may be professor, mentor, institutional ECTS, Erasmus coordinator or similar*

*\*HEI – Higher Educational Institution*