INSTITUTE OF AGROPHYSICS P A S

HR EXCELLENCE IN RESEARCH

**CONFIRMATION**

**for the Employee of the Institute of Agrophysics, Polish Academy of Sciences**

**sent abroad for the research or training purposes**

| | | |
|---|---|---|
| 1. | Employee's name and surname | ..... ..... |
| 2. | Employee's home address | ..... ..... |
| 3. | Employee's department and current position | ..... ..... |
| 4. | Hosting Organization | ..... ..... *Organization's full name and address; contact person* |
| 5. | Purpose of sending abroad* | a) research activity<br>b) training:<br>..... ..... ..... *short description* |
| 6. | Period of time | ..... |
| 7. | The Employee shall receive* | |
| | Types of benefits | Sources (sending organization/hosting organization/other) and amount |
| A. | Monthly scholarship to cover living expenses and accommodation costs | ..... ..... |
| B. | Other benefits | |
| 1) | Covering travel costs | ..... ..... |
| 2) | Covering costs of buying health and accident insurance | ..... ..... |
| 3) | Covering costs of buying teaching aids | ..... ..... |
| 4) | Covering costs of visa fee etc. | ..... ..... |
| 8. | Types of leave from work (for a maximum period of 12 months)* | a) paid training leave from ... to ...<br>b) …… |

* *delete where/as appropriate*

**NOTE:** This document does not apply to foreign trips undertaken for the purpose of participation in scientific events or to trips undertaken for organisational purposes**.**

The Director of the Institute of Agrophysics, Polish Academy of Sciences may make the issuance of the referral conditional upon the prior conclusion, with the Employee assigned abroad, of an agreement specifying the rules governing the payment of benefits and the conditions for their withdrawal.

..... .....

Employee Director of the Institute

..... .....

Chief Accountant

Immediate Superior