

## ANNEX V D templates staff costs (examples – your own templates can be used)

### Instructions:

For the reporting of (internal or external) staff costs, it would be useful to send upon request if applicable:

1) overview of staff employment – see example Annex V.D.1

2) Time- sheets – see examples Annex V D.2:

only necessary if the staff member is remunerated on the basis of number of hours actually worked (i.e. supplementary pay /overtime). You can use your own templates.

3) Breakdown (Ratio) –see examples Annex V D.3:

of time spent on Conference Interpreting course compared to other tasks unrelated to that course.

This information is required if the staff member receives a monthly salary and at the same time has other activities. If so please provide us with the percentage/ratio of time devoted to the Conference Interpreting course. You can use your own templates

4) Contract or remuneration/work agreement:

applies when the staff member works only for the conference interpreting course or if the time spent working on the conference interpreting course and remuneration is clearly defined.

This should however be clearly stipulated in writing by the university authorities.

## MA Conference Interpreting Course (CIC) - study year 2017/2018- Example

USE YOUR OWN TEMPLATES IF AVAILABLE - OR ADAPT THIS EXAMPLE TO YOUR COURSE - EXPLAIN ABBREVIATIONS BELOW

Year	Subject	OB/ OPT	ECTS		hours /WT	hours/ ST	Nr. St.	Student Group	HAB.	Ped. Staff	INT/EXT FT/PT	staff category
	Theory, ethics, deontology	OB	0	LE	30	0	5					
					15	0			PR	Name		contract - specific for course
					15	0	0		PR	Name		salary
	Note taking, memory exercise	OB	0	SE	15	0	5		LE	Name		salary
	Communication, rhetorics	OB	0	SE	60	0	15					
					15	0	5		AS	Name		salary
					20	0	5		PR	Name		salary
					25	0	5		DO	Name		contract
	Informatics, new technologies	OB	0	SE	0	15	5		PR	Name		contract
	Brussels visit	OB	0							1 week		
	European law	OB	0	LE	30	0	5					
					15	0			PR	Name		contract
					15	0			DO	Name		contract
										different speakers		
	Mock conference	OB	0	SE	0	30	5					contract
	Scientific methods	OB	0	SE	15	0			PR	Name		together with MA Translation
	Scientific methods	OB	0	SE	15	0	5		PR	Name		salary
	Consecutive EN - XX	OB	0	EX	45	45	5					
					5	5			DO	Name		salary
					12	15			AS	Name		contract
					6	5			AS	Name		contract
					9	9			AS	Name		research assistant
					5	5			LE	Name		contract
					8	6			LE	Name		contract
	Simultaneous EN - XX	OB	0	EX	0	60	5					
					0	17			LE	Name		contract
					0	10			AS	Name		research assistant
					0	10			DO	Name		salary
					0	10			LE	Name		contract
					0	13			AS	Name		contract
	Consecutive FR - XX	OB	0	EX	45	45	2					
					10	10			LE	Name		salary
					8	8			AS	Name		contract
					15	10			DO	Name		salary
					5	10			AS	Name		salary
					7	7			LE	Name		salary
	Simultaneous FR - XX	OB	0	EX	0	60	2					
					0	15			LE	Name		salary
					0	10			DO	Name		salary
					0	10			AS	Name		contract
					0	17			AS	Name		specific salary
					0	8			LE	Name		salary
	Consecutive ES - XX	OB	0	EX	45	45	3					
					16	16			AM	Name		contract
					17	17			LE	Name		salary
					12	12			AS	Name		contract
	Simultaneous ES - XX	OB	0		0	60	3					
				LE	0	20			AM	Name		contract
				SE	0	15			AS	Name		contract
				EX	0	25			LE	Name		salary
	Language enhancement XX	OB	0	EX	30	0	5					
					15	0			DO	Name		salary
					15	0			AS	Name		salary
	Language enhancement XX	OB	0	EX	30	0	2					
					15	0			DO	Name		salary
					15	0			AS	Name		salary
	Language enhancement XX	OB	0	EX	30	0	3					
					15	0			DO	Name		contract
					15	0			AM	Name		salary
	<b>TOTAL</b>		<b>0</b>		<b>390</b>	<b>360</b>						

please add/adapt to your own abbreviations if necessary

obligatory subject:	OB	HAB	habilitation	INT/FT	Internal working full time on CIC
optional subject	OPT	PR	Professor	INT/PT	Internal working part time on CIC
lectures	LE	DO	docent	EXT/FT	External working full time on CIC
Seminars	SE	AS	Assistant	EXT/PT	External working part time on CIC
exercises	EX	LE	Lector		
Winter semester - hours	WT				
Summer Semester - hours	ST				
Number of students	Nr.St.				
other?			other?		



Project Reference:
Name of Beneficiary/University:
Name of staff member:
Is staff member employed Full-time or Part-time :
Internal staff or external staff member:
Calendar/Academic Year:

TIME-SHEET (YEAR BY WEEKS) - Please find in attached work sheets more detailed time-sheets per month (which you may wish to complete)

Week	TOTAL HOURS	Jun-17				Jul-17				Aug-17					Sep-17				Oct-17				
calendar week	2017/ 2018	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
week start (Monday)		5.6.	12.6.	19.6.	26.6.	3.7.	10.7.	17.7.	24.7.	31.7.	7.8.	14.8.	21.8.	28.8.	4.9.	11.9.	18.9.	25.9.	2.10.	9.10.	16.10.	23.10.	30.10.
Hours worked on 2017-2018 post-graduate course in conference interpreting (if applicable):	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
type of tasks:																							
<b>TOTAL</b>	<b>0,00</b>				<b>0,00</b>				<b>0,00</b>					<b>0,00</b>				<b>0,00</b>					<b>0,00</b>
Hours worked for post-graduate courses co-financed by DG SCIC & DG INTE in 2018-2019 or 2016-2017 (if applicable)	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
type of tasks:																							
<b>TOTAL</b>	<b>0,00</b>				<b>0,00</b>				<b>0,00</b>					<b>0,00</b>			0,0	<b>0,00</b>					<b>0,00</b>
Hours worked for other projects co-financed by DG SCIC & DG INTE in 2018-2019 or 2016-2017 (if applicable):	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
type of tasks:																							
<b>TOTAL</b>	<b>0,00</b>				<b>0,00</b>				<b>0,00</b>					<b>0,00</b>				<b>0,00</b>					<b>0,00</b>
Hours worked on other tasks:	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
type of task																							
<b>TOTAL</b>	<b>0,00</b>				<b>0,00</b>				<b>0,00</b>					<b>0,00</b>				<b>0,00</b>					<b>0,00</b>
<b>TOTAL MAXIMUM PER MONTH</b>	<b>0,00</b>				<b>0,00</b>				<b>0,00</b>					<b>0,00</b>				<b>0,00</b>					<b>0,00</b>

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible

for the conversion of your national currency please consult the web-site (applying the conversion of the current month):

[http://ec.europa.eu/budget/contracts\\_grants/info\\_contracts/infoeuro/infoeuro\\_en.cfm](http://ec.europa.eu/budget/contracts_grants/info_contracts/infoeuro/infoeuro_en.cfm)

Nature of staff	Permanent (P) / external (E) / Supplementary salary (S)  <small>pt or ft on project</small>	1	2	3	4	5-6-7 Non-productive hours			8	9**	10**	11**
		Annual gross salary (incl. additional month's salary or other i.a.)	Obligatory social charges imposed by law	Annual Staff cost	Total working hours per year according to staff regulation	Holidays	Bank holidays	week-ends	Productive hours	Hourly rate (€)	Hours foreseen and remunerated for this specific action	Total cost
		(1)	(2)	(3) = (1) + (2)	(4)				(8) = (4)-(5)-(6)-(7)	(9) = (3) / (8)	(10)	(11) = (10) x (9)
<b>EXAMPLE (FOR THE SAKE OF CALCULATION - not necessarily adapted to the PG Courses)</b>					(e.g. 5 h/day x 365 days)							
Ms. H/Task A	P - pt	30.000,00	7.500,00	37.500,00	1.825,00	210,00	105,00	#####	782,00	47,95	400,00	19.181,59
Ms. X/Task B	P - S									20,00	40,00	800,00
Mr. Y/ Technician	E - ft	N/A	N/A	N/A	N/A					10,00	150,00	1.500,00
Ms. Z/ Exams- Speeches FR	S - pt	N/A	N/A	N/A	N/A					30,00	110,00	3.300,00

- \* P= Internal staff employed on a permanent basis
  - \* E= External - Staff paid on a contractual basis and hired for a specific work/time (like external teachers/Conference Interpreter free lances),
  - \* S= Supplementary salary as a complement to staff's normal basic salary for additional work if approved and paid by the University.
  - \* pt= working only part time on the project
  - \* ft= working full time exclusively on the project (no time-sheets need to be completed)
- \*\* only columns (9) (10) and (11) to be completed for **E** and **S** for salaries paid to staff duly justified and fully agreed by the management of the University (see Annex VII of the grant application)

Charles University, Institute of Translation Studies 2017/2018

If you wish to maintain automatic calculation of formulas for P, E, S please copy grey lines above and complete your figures - grey text is an example and can be overwritten

Name/Task	P/E/S?										hourly rate	hours	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Nov-17				Dec-17				Jan-18					Feb-18				Mar-18				Apr-18				May-18				
45	46	47	48	49	50	51	52	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
6.11.	13.11.	20.11.	27.11.	4.12.	11.12.	18.12.	25.12.	1.1.	8.1.	15.1.	22.1.	29.1.	5.2.	12.2.	19.2.	26.2.	5.3.	12.3.	19.3.	26.3.	2.4.	9.4.	16.4.	23.4.	30.4.	7.5.	14.5.	21.5.	28.5.
0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
			0,00				0,00					0,00				0,00				0,00				0,00				0,00	
0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
			0,00				0,00					0,00				0,00				0,00				0,00				0,00	
0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
			0,00				0,00					0,00				0,00				0,00				0,00				0,00	
0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
			0,00				0,00					0,00				0,00				0,00				0,00				0,00	
			0,00				0,00					0,00				0,00				0,00				0,00				0,00	

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible

Jun-18				Jul-18					Aug-18					Sep-18				Oct-18				
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	
4.6.	12.6.	19.6.	26.6.	2.7.	9.7.	16.7.	23.7.	30.7.	6.8.	13.8.	20.8.	27.8.	3.9.	10.9.	17.9.	24.9.	1.10.	8.10.	15.10.	22.10.	29.10.	
0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	
			0,00					0,00				0,00				0,00					0,00	
0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	
			0,00					0,00				0,00				0,00					0,00	
0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	
			0,00					0,00				0,00				0,00					0,00	
0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	
			0,00					0,00				0,00				0,00					0,00	
			0,00					0,00				0,00				0,00					0,00	

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible

Project Reference:	University:
Name of Beneficiary/University:	
Name of staff member:	Name:
Month:	May-17

**MONTHLY TIME-SHEET TEMPLATE (BY DAYS)**

*Not necessary for staff working exclusively for the project (extract of the payroll or invoice suffice in this case).*

The actual time spent on the action must be recorded on a regular basis, using timesheets or an equivalent system used by the beneficiary and adapted to the specificities of the action. Such timesheets must be signed by the individual concerned and validated by the person responsible for the project.

Calendar Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	hours	
<b>Hours worked on 2017-2018 post-graduate course in conference interpreting (if applicable):</b>																																	
Type of tasks:																																	
																	<b>TOTAL</b>	<b>0,00</b>															
<b>Hours worked on other projects 2017/2018 co-financed by DG SCIC &amp; DG INTE (if applicable)</b>																																	
Type of tasks:																																	
																	<b>TOTAL</b>	<b>0,00</b>															
<b>Hours worked on 2016/2017 projects co-financed by DG SCIC &amp; DG INTE (if applicable)</b>																																	
Type of tasks:																																	
																	<b>TOTAL</b>	<b>0,00</b>															
<b>Hours worked on other tasks (if applicable)</b>																																	
Type of tasks:																																	
																	<b>TOTAL</b>	<b>0,00</b>															
																	<b>TOTAL</b>	<b>0,00</b>															

**TOTAL**

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible



Project Reference:	University:
Name of Beneficiary/University:	
Name of staff member:	Name:
Month:	Jun-17

**MONTHLY TIME-SHEET TEMPLATE (BY DAYS)**  
*Not necessary for staff working exclusively for the project (extract of the payroll or invoice suffice in this case).*

The actual time spent on the action must be recorded on a regular basis, using timesheets or an equivalent system used by the beneficiary and adapted to the specificities of the action. Such timesheets must be signed by the individual concerned and validated by the person responsible for the project.

Calendar Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	hours		
<b>Hours worked on 2017-2018 post-graduate course in conference interpreting( if applicable):</b>																																	
Type of tasks:																																	
<b>TOTAL</b>																																	<b>0,00</b>
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Type of tasks:																																	
<b>TOTAL</b>																																	<b>0,00</b>
<b>Hours worked on 2016/2017 a projects co-financed by DG SCIC &amp; DG INTE (if applicable)</b>																																	
Type of tasks:																																	
<b>TOTAL</b>																																	<b>0,00</b>
<b>Hours worked on other tasks (if applicable)</b>																																	
Type of tasks:																																	
<b>TOTAL</b>																																	<b>0,00</b>
<b>TOTAL</b>																																	<b>0,00</b>

**TOTAL**

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible

Project Reference:	University:
Name of Beneficiary/University:	
Name of staff member:	Name:
Month:	Jul-17

**MONTHLY TIME-SHEET TEMPLATE (BY DAYS)**

*Not necessary for staff working exclusively for the project (extract of the payroll or invoice suffice in this case).*

The actual time spent on the action must be recorded on a regular basis, using timesheets or an equivalent system used by the beneficiary and adapted to the specificities of the action. Such timesheets must be signed by the individual concerned and validated by the person responsible for the project.

Calendar Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	hours
<b>Hours worked on 2017-2018 post-graduate course in conference interpreting (if applicable):</b>																																
Type of tasks:																																
																	<b>TOTAL</b>	<b>0,00</b>														
<b>Hours worked on other projects 2017/2018 co-financed by DG SCIC &amp; DG INTE (if applicable)</b>																																
Type of tasks:																																
																	<b>TOTAL</b>	<b>0,00</b>														
<b>Hours worked on 2016/2017 projects co-financed by DG SCIC &amp; DG INTE (if applicable)</b>																																
Type of tasks:																																
																	<b>TOTAL</b>	<b>0,00</b>														
<b>Hours worked on other tasks (if applicable)</b>																																
Type of tasks:																																
																	<b>TOTAL</b>	<b>0,00</b>														
																	<b>TOTAL</b>	<b>0,00</b>														

**TOTAL**

Sep

Jul-18

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible

July 17

Project Reference:	
Name of Beneficiary/University:	University:
Name of staff member:	
Month:	Aug-17

**MONTHLY TIME-SHEET TEMPLATE (BY DAYS)**

*Not necessary for staff working exclusively for the project (extract of the payroll or invoice suffice in this case).*

The actual time spent on the action must be recorded on a regular basis, using timesheets or an equivalent system used by the beneficiary and adapted to the specificities of the action. Such timesheets must be signed by the individual concerned and validated by the person responsible for the project.

Calendar Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	hours																			
<b>Hours worked on 2017-2018 post-graduate course in conference interpreting (if applicable):</b>																																																			
Type of tasks:																																																			
																	<b>TOTAL</b>	<b>0,00</b>																																	
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Type of tasks:																																																			
																					Aug																														
																	<b>TOTAL</b>	<b>0,00</b>																																	
<b>Hours worked on 2016/2017 projects co-financed by DG SCIC &amp; DG INTE (if applicable)</b>																																																			
Type of tasks:																																																			
																	<b>TOTAL</b>	<b>0,00</b>																																	
<b>Hours worked on other tasks (if applicable)</b>																																																			
Type of tasks:																																																			
																	<b>TOTAL</b>	<b>0,00</b>																																	

**TOTAL**

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible

Project Reference:	
Name of Beneficiary/University:	University:
Name of staff member:	
Month:	Sep-17

**MONTHLY TIME-SHEET TEMPLATE (BY DAYS)**

*Not necessary for staff working exclusively for the project (extract of the payroll or invoice suffice in this case.)*

The actual time spent on the action must be recorded on a regular basis, using timesheets or an equivalent system used by the beneficiary and adapted to the specificities of the action. Such timesheets must be signed by the individual concerned and validated by the person responsible for the project.

Calendar Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	hours
<b>Hours worked on 2017-2018 post-graduate course in conference interpreting (if applicable):</b>																															
Type of tasks:																															
																<b>TOTAL</b>	<b>0,00</b>														
<b>Hours worked on other projects 2017/2018 co-financed by DG SCIC &amp; DG INTE (if applicable)</b>																															
Type of tasks:																															
																<b>TOTAL</b>	<b>0,00</b>														
<b>Hours worked on 2016/2017 projects co-financed by DG SCIC &amp; DG INTE (if applicable)</b>																															
Type of tasks:																															
																<b>TOTAL</b>	<b>0,00</b>														
<b>Hours worked on other tasks (if applicable)</b>																															
Type of tasks:																															
																<b>TOTAL</b>	<b>0,00</b>														
																<b>TOTAL</b>	<b>0,00</b>														

**TOTAL**

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible

Project Reference:	University:
Name of Beneficiary/University:	
Name of staff member:	Name:
Month:	Oct-17

**MONTHLY TIME-SHEET TEMPLATE (BY DAYS)**  
*Not necessary for staff working exclusively for the project (extract of the payroll or invoice suffice in this case).*

The actual time spent on the action must be recorded on a regular basis, using timesheets or an equivalent system used by the beneficiary and adapted to the specificities of the action. Such timesheets must be signed by the individual concerned and validated by the person responsible for the project.

Calendar Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	hours	
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Type of tasks:																																	
<b>TOTAL</b>																																	<b>0,00</b>
<b>TOTAL</b>																																	<b>0,00</b>

**TOTAL**

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible

Project Reference:	University:
Name of Beneficiary/University:	
Name of staff member:	Name:
Month:	Nov-17

**MONTHLY TIME-SHEET TEMPLATE (BY DAYS)**

*Not necessary for staff working exclusively for the project (extract of the payroll or invoice suffice in this case).*

The actual time spent on the action must be recorded on a regular basis, using timesheets or an equivalent system used by the beneficiary and adapted to the specificities of the action. Such timesheets must be signed by the individual concerned and validated by the person responsible for the project.

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<b>TOTAL</b>																	<b>0,00</b>														
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<b>Hours worked on other tasks (if applicable)</b>																															
Type of tasks:																															
<b>TOTAL</b>																	<b>0,00</b>														
<b>TOTAL</b>																	<b>0,00</b>														

**TOTAL**

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible

Project Reference:	University:
Name of Beneficiary/University:	
Name of staff member:	Name:
Month:	Dec-17

**MONTHLY TIME-SHEET TEMPLATE (BY DAYS)**  
*Not necessary for staff working exclusively for the project (extract of the payroll or invoice suffice in this case).*

The actual time spent on the action must be recorded on a regular basis, using timesheets or an equivalent system used by the beneficiary and adapted to the specificities of the action. Such timesheets must be signed by the individual concerned and validated by the person responsible for the project.

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<b>TOTAL</b>																																																		<b>0,00</b>	
<b>TOTAL</b>																																																			<b>0,00</b>

**TOTAL**

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible

Project Reference:	University:
Name of Beneficiary/University:	
Name of staff member:	Name:
Month:	Jan-18

**MONTHLY TIME-SHEET TEMPLATE (BY DAYS)**  
*Not necessary for staff working exclusively for the project (extract of the payroll or invoice suffice in this case).*

The actual time spent on the action must be recorded on a regular basis, using timesheets or an equivalent system used by the beneficiary and adapted to the specificities of the action. Such timesheets must be signed by the individual concerned and validated by the person responsible for the project.

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<b>TOTAL</b>																																		<b>0,00</b>
<b>TOTAL</b>																																		<b>0,00</b>

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible



Project Reference:	
Name of Beneficiary/University:	University:
Name of staff member:	
Month:	Feb-18

**MONTHLY TIME-SHEET TEMPLATE (BY DAYS)**

*Not necessary for staff working exclusively for the project (extract of the payroll or invoice suffice in this case).*

The actual time spent on the action must be recorded on a regular basis, using timesheets or an equivalent system used by the beneficiary and adapted to the specificities of the action. Such timesheets must be signed by the individual concerned and validated by the person responsible for the project.

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Type of tasks:																															
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Hours worked on other tasks (if applicable)																															
Type of tasks:																															
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**TOTAL**

Feb

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible

Project Reference:	
Name of Beneficiary/University:	University:
Name of staff member:	
Month:	Mar-18

**MONTHLY TIME-SHEET TEMPLATE (BY DAYS)**  
*Not necessary for staff working exclusively for the project (extract of the payroll or invoice suffice in this case).*

The actual time spent on the action must be recorded on a regular basis, using timesheets or an equivalent system used by the beneficiary and adapted to the specificities of the action. Such timesheets must be signed by the individual concerned and validated by the person responsible for the project.

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<b>TOTAL</b>																																	<b>0,00</b>

**TOTAL**

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible

Project Reference:	
Name of Beneficiary/University:	University:
Name of staff member:	
Month:	Apr-18

**MONTHLY TIME-SHEET TEMPLATE (BY DAYS)**

*Not necessary for staff working exclusively for the project (extract of the payroll or invoice suffice in this case).*

The actual time spent on the action must be recorded on a regular basis, using timesheets or an equivalent system used by the beneficiary and adapted to the specificities of the action. Such timesheets must be signed by the individual concerned and validated by the person responsible for the project.

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**TOTAL**

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible

Project Reference:	
Name of Beneficiary/University:	University:
Name of staff member:	
Month:	May-18

**MONTHLY TIME-SHEET TEMPLATE (BY DAYS)**

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<b>TOTAL</b>																		<b>0,00</b>														

**TOTAL**

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible

Project Reference:	
Name of Beneficiary/University:	University:
Name of staff member:	
Month:	Jun-18

**MONTHLY TIME-SHEET TEMPLATE (BY DAYS)**

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**TOTAL**

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible

June 18

Project Reference:	
Name of Beneficiary/University:	University:
Name of staff member:	
Month:	Jul-18

**MONTHLY TIME-SHEET TEMPLATE (BY DAYS)**  
*Not necessary for staff working exclusively for the project (extract of the payroll or invoice suffice in this case).*

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**TOTAL**

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible

Project Reference:	
Name of Beneficiary/University:	University:
Name of staff member:	
Month:	Aug-18

**MONTHLY TIME-SHEET TEMPLATE (BY DAYS)**

*Not necessary for staff working exclusively for the project (extract of the payroll or invoice suffice in this case).*

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**TOTAL**

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible

Project Reference:	
Name of Beneficiary/University:	University:
Name of staff member:	
Month:	Sep-18

**MONTHLY TIME-SHEET TEMPLATE (BY DAYS)**

*Not necessary for staff working exclusively for the project (extract of the payroll or invoice suffice in this case).*

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**TOTAL**

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible



Project Reference:	University:
Name of Beneficiary/University:	
Name of staff member:	Name:
Month:	Oct-18

**MONTHLY TIME-SHEET TEMPLATE (BY DAYS)**

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**TOTAL**

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible