



**ERASMUS+ KA1
REQUEST FOR ERASMUS LEAVE FOR ACADEMIC STAFF
Academic Year: 20..... – 20....**

Surname:
Name:
Position:
ID No:
Faculty:

A. APPLICATION FROM ACADEMIC STAFF MEMBER	
Please grant me an Erasmus Leave of working days	
from until	
Signature	Date
.....

B. RECOMMENDATION FROM DEAN	
I hereby confirm that I approve the above academic staff member to be away for Erasmus+ activity purposes.	
Signature	Date
.....

C. RECOMMENDATION FROM HR DEPARTMENT

I hereby confirm that I approve the above academic staff member to be away for Erasmus+ activity purposes.

Signature

Date

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D. RECOMMENDATION FROM THE HEAD OF ACADEMIC COUNCIL

I hereby confirm that I approve the above academic staff member to be away for Erasmus+ activity purposes.

Signature

Date

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E. RECOMMENDATION FROM THE RECTOR

I hereby confirm that I approve the above academic staff member to be away for Erasmus+ activity purposes.

Signature

Date

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