

[To be printed on an official letterhead of the partner organisation]

## Job description declaration

### Interreg MED Programme

*Before filling in this declaration, partners are requested to please read with due care and attention the Factsheet of the Programme Manual « ELIGIBILITY OF EXPENDITURES – Budget Line: STAFF COSTS » very carefully.*

*This form may not be altered or amended in any way. To fill only the breaks with the mention « Cliquez ici pour entrer du texte ». To be dated, signed and stamped.*

<input type="checkbox"/>	First declaration
<input type="checkbox"/>	Update Date of update: Cliquez ici pour entrer une date.

**Acronym of the project:** Cliquez ici pour entrer du texte.

**Name of the partner:** Cliquez ici pour entrer du texte.

**Name of the employee (Last name, First name):** Cliquez ici pour entrer du texte.

**Position of the employee:** Cliquez ici pour entrer du texte.

**Function of the employee in the project:** Cliquez ici pour entrer du texte.

**Staff costs calculation method:** Choisissez un élément.

**In the case of Method B – Part-time fixed percentage:** Cliquez ici pour entrer du texte. %

**Information on the main responsibilities of the employee related to the partner organisation:**  
Cliquez ici pour entrer du texte.

**Information on the responsibilities of the employee related to the project:**  
Cliquez ici pour entrer du texte.

**Involvement of the employee in other Interreg MED projects:**  
Cliquez ici pour entrer du texte.

By signing the present document, we confirm the information included as well as the inclusion of the employee in the list of the staff involved in the related project.

Name of the local coordinator: Cliquez ici pour entrer du texte.

Place and date:        -        /        /

.....  
*Signature Coordinator Local<sup>1</sup>*

.....  
*Signature of the Employee*



.....  
*Official stamp of the Partner*

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<sup>1</sup> If the employee is the project coordinator, to sign by his/her supervisor.