TIME RECORDING FOR A HORIZON 2020 ACTION – Minimum requirements

Representative

Title of the action (acronym):		iCARE-2	iCARE-2			Grant Agreement No:		
Hosting Institution na	nme:							
Name of the fellow					Type of Contract			
Month	[Month / Year]	[Month / Year]						
								Total
Number of hours worked per month								
Total of working hours per month								
Date and signature of the fellow								
Name, date and signature of the Legal								

Guide for timesheet preparation

iCARE-2 fellowship program



Number of hours
worked per month:
insert the number of
hours worked on the
iCARE-2 project during
the month

Total of working hours per month: insert the number of working hours during the month

As per iCARE-2 rules, the fellow must work exclusively on the iCARE-2 project. The two values should be identical. Small differences are possible and might be due to administrative activites, bureaucratic duties, etc. In case of significant differences (e.g. illness, holidays, etc), the fellow should add a justification note.

TIME RECORDING FOR A HORIZON 2020 ACTION – Minimum requirements

Title of the action (acronym):	iCARE-2	Grant Agreement No:
Hosting Institution name:		
Name of the fellow		Type of Contract

	Month	[Month / Year]				
Numl	per of hours					
work	ed per month					
Total	of working					
hours	per month					
	and signature					
of the	fellow					
Name	e, date and					
signat	ture of the					
Legal						
Repre	esentative					