

CGU Stella for Staff 2024

Professional Mobility Programme for Services Staff

WORK PLAN

DATA OF THE BENEFICIARY OF THE GRANT

Name and surname	
Home department	
Home university	
Host department	
Host university	
Code of the placement offer	
Mobility period	From to

DATA OF THE PERSON RESPONSIBLE FOR THE MOBILITY

Name and surname	
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Only fill in the boxes corresponding to the number of days of your mobility. I.e. if your mobility is for 7 working days, you only have to fill in the information up to day 7.

Day 1 of mobility	Date	
	Work plan	

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Day 2 of mobility	Date	
	Work plan	
Day 3 of mobility	Date	
	Work plan	
Day 4 of mobility	Date	
	Work plan	

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Day 5 of mobility	Date	
	Work plan	
Day 6 of mobility	Date	
	Work plan	
Day 7 of mobility	Date	
	Work plan	
Day 8 of mobility	Date	
	Work plan	

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Day 9 of mobility	Date	
	Work plan	
Day 10 of mobility	Date	
	Work plan	
Day 11 of mobility	Date	
	Work plan	

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Day 12 of mobility	Date	
	Work plan	
Day 13 of mobility	Date	
	Work plan	
Day 14 of mobility	Date	
	Work plan	
Day 15 of mobility	Date	
	Work plan	

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Date:

Signature of the beneficiary of the grant:

Signature of the person responsible for the mobility: