

ANNEX D

Letter for the Development of the International Stay

Date: [Day] [Month] [Year]

[Professor's full name]

Dear [Professor's name],

I hereby authorize international stay leave at [Institution] with the objective of [main objectives], which are aligned with the interests of our Institution and our principles.

We hereby share with you the agreements that will be in effect during your international stay, previously authorized by the Faculty Mobility Committee:

- Both parties agree that you shall have leave from [start date] to [end date].
- This leave has a duration of [2 or 3] weeks, starting on [start date] and concluding on [end date].
- This leave is solely for the purpose of performing the role authorized. If you change your role or institution, you need to inform institutional Talent or your leader of this to identify the steps to follow.
- As international stay leave is considered active service for your duties, your pay and benefits will not be affected.
- To resume your role once your stay has concluded, you must notify your leader and your generalist and present your activity report to the Faculty Mobility Committee.

I accept the conditions of this document.

[TALENT GENERALIST'S
NAME]
[TALENT DIRECTOR FOR THE AREA]

[PROFESSOR'S NAME]
[PROFESSOR'S POSITION]