

(full name of person in charge)

(position)

of

(name of the institution)

I CONFIRM

That Mr/Ms

(full name of teacher)

(category, if necessary) of the Universitat Rovira i Virgili, has carried out at this institution

the following activity:

(name of the activity)

on the following date/s

(date)

No remuneration is received for carrying out this activity.

And in witness whereof and for the purpose of recognizing the activity as part of the Working Hours Agreement, I sign this confirmation.

(location)

(date)

Approved  
Head of Department

(Signature)