



**LETTER OF CONFIRMATION  
FOR STAFF MOBILITY FOR TEACHING**  
(TEILNAHMEBESCHEINIGUNG FÜR ERASMUS-PERSONALMOBILITÄT ZU LEHRZWECKEN)

TO WHOM IT MAY CONCERN

**I herewith confirm that**

NAME AND TITLE OF PARTICIPANT

**has taught**

**hours in the framework of the Erasmus+ mobility agreement and did**

NUMBER OF HOURS TAUGHT

**hours of training<sup>1</sup> at our institution.**

NUMBER OF TRAINING HOURS

NAME OF INSTITUTION

ERASMUS-CODE (if applicable)

**Duration of stay from** \_\_\_\_\_ **to** \_\_\_\_\_  
(DAY/MONTH/YEAR) (DAY/MONTH/YEAR)

**Number of actual training or working days** \_\_\_\_

<b>Please enter the date of the last day of training otherwise, the document cannot be accepted!</b>	
Date _____	Place _____
Signature of the authorized person of the partner institution	Stamp

<sup>1</sup> There are two options for the stay to be eligible:

- 1) Minimum 8 hours of teaching per week or shorter stay (in this case the field "number of training hours" can be filled in with „0“ or left blank).
- 2) Minimum 4 hours of teaching and 4 hours of training per week or shorter stay.