

(full name of person in charge) , (position)

of
(name of the institution)

I CONFIRM

That Mr/Ms ,
(full name of teacher)

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

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 teacher's
the Working Hours Agreement, I sign this confirmation.

.....,
(location) (date)

Approved
Head of Department

(Signature)