Weekly Work Plan for Training Mobility

Erasmus+ Credit Mobility Program

|  |  |  |
| --- | --- | --- |
| No. of training hours | Planned activities | Day No. |
|  |  | 1 |
|  |  | 2 |
|  |  | 3 |
|  |  | 4 |
|  |  | 5 |

Name of employee:  
Host institution:   
Host unit:  
Dates of mobility:   
Name and position of host shadowing staff (if applicable):

|  |
| --- |
| Employee’s Signature |
| Manager’s Signature |

|  |
| --- |
| Date |
| Date |