|  |  |  |  |
| --- | --- | --- | --- |
| **Name of recipient of OP VVV project** | Czech University of Life Sciences Prague USE THIS FOR ALL PROJECTS AND ALL REPORTS | | |
| **Registration number of OP VVV project** | CZ.02.2.69/0.0/0.0/19\_073/0016944 USE THIS FOR ALL PROJECTS AND ALL REPORTS | | |
| **Activity Report** | | | |
| Name of student grant | Write name of your UGC project | | |
| Registration number of student grant | Write registration number of your UGC project from UIS, f.e. 27/2021 | | |
| Researcher’s name and surname | Name of researcher who fill this report | | |
| Type of researcher  (individual, principal, other) | Your position in UGC project, write only principal researcher or other researcher | | |
|  | | | |
| **Unit cost** | | | |
| Month and year of implementation of student grant | May 2021 | Total work load with the employer where the reported position is contracted | Sum of all your work loads at CZU, f.e. UGC 0,5; another grant 0,2; technical position on department 0,1. Total FTE = 0,8 |
| Applied work capacity of unit | Work load in digital form, f.e 0,5 for principal researcher. You have the work load in your Agreements on work activities in zero point form and hours form. Use the zero point form. | Total work load with all employers involved in the project execution | This will be the same number as total FTE with the employer contracting the claimed position, CZU has no partner for this project. |
| Form of payment of personnel costs\* | Work on agreement activities (DPČ)*. This is same for all of you.* | Number of working days of interruption in activity\* | Because type of your work agreement is Agreement on work activities, you don´t have holiday. You will write the number of days of sick interruption here. You will need special form issued by a doctor. |
| *\* bursary/employment relationship* | | *\* holiday exceeding the aliquot, work incapacity from 14 days to 2 months (inclusive), work incapacity exceeding 2 months, absence without pay/pay (salary compensation), e.g. unpaid leave* | |
|  | | | |
| **Overview of activities\*** | | | |
| *\* to be completed by the researcher of the student grant (individual, principal, other)* \* *research and educational activities carried out during the given month, evaluation of progress in the work on deliverables, a plan of activities for the subsequent period*  *\* summary of activities of other researchers (only applicable to an activity report presented by the principal researcher)* | | | |
| **EXAMPLE OF ACTIVITIES FOR FIRST MONTH**  The project has been successfully launched. Main activities were:   * Project Kick of meeting * Plan and coordination of project research and educational activities with mentor XY; * Plan and coordination of project research and educational activities with team members * Plan for terrain activities * Securing material equipment and access to laboratory * Securing administrative documents for the project * Introduction into the team of researchers, networking, …. * Participation at the seminar, educational activities, … * *Plan of activities (research, educational, other) for next month/s*   ***THE PRINCIPAL RESEARCHER WILL SUMMARIZE ACTIVITIES OF OTHER RESEARCHERS*** | | | |
|
|
|
|
|
|
|
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and surname** | **Role** | **Date** | **Signature/Approval** |
|  | Researcher |  | YOUR LINE |
|  | Mentor |  | YOU WILL SECURE THE PROJECT MENTOR SIGNATURE |
|  | Member of the Department of Science and Research at Rectorate CZU |  | MEMBER OF S&D OFFICE WILL SIGN AFTER YOU SUBMIT APPROVED AND SIGNED FORM |