

(Letterhead of home institution)

## Letter of Consent

*(Name and address of home institution)*

I, the undersigned, hereby declare that the applicant (*first name, last name, current professional position*) will be released for full enrolment and participation in the Western Balkans Fellowship Programme at the Austrian Parliament in cooperation with the EFB, that *he/she* is applying, in order to enable *him/her* to attend the Fellowship Programme in its entirety. If selected for participation in the , the above-mentioned employee will be granted a leave of absence for maximum of 50 days in the period between February 2021 to November 2021. The leave is for 6 weeks in this period, plus 4 working days in Autumn of 2021. for additional field visits.

To be signed and stamped by immediate superior officer **or** authorised representative.

Full title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach this letter of consent to your application NO LATER THAN September 10<sup>th</sup> 2020.**