**UNITED NATIONS  NATIONS UNIES**

**SPECIAL EDUCATION GRANT AND RELATED BENEFIT**

**CLAIM FOR PAYMENT AND/OR REQUEST FOR ADVANCE\***

**INSTRUCTIONS*: P***arts I and II of this form are mandatory. In addition, please complete:

* Part III if you are submitting a special education grant claim for the school year that ended and/or
* Part IV if you are submitting a special education grant request for an advance for the next school year

For each child, attach documentation to substantiate the amounts requested/claimed.

**Instructions for part III, Textbooks:** Textbook expenses may be claimed if textbooks were not provided free of charge or were paid directly to the school. If claiming textbook expenses, attach form P.41/C completed by the educational institution and provide relevant receipts.

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| **Part I: REQUEST/CLAIM AND CERTIFICATION**[ ]  I request an advance against the special education grant and the related benefit for the academic year 20       to 20       AND/OR [ ]  I claim the special education grant and related benefit for the academic year 20       to 20       I understand: * That any advance will be recovered from my salary if a claim for payment is not submitted within the set deadline;
* My obligation to retain the supporting documentation for five years in its original form or scanned copies which are certified as seen by a UN official and to submit it upon request for monitoring and compliance purposes;
* My obligation to promptly inform the Organization of any changes in the information or estimates provided in support of my request/claim;
* That the Organization may conduct a compliance review of my requests or claims;
* The consequences of submitting incomplete, unsubstantiated or false information, as discussed in section 12.4 of [ST/AI/2018/](https://undocs.org/ST/AI/2018/1)2 or as amended.

I attest:* To the correctness of the information provided herewith;
* That I have exhausted and disclosed all other sources of benefits that may be available for the education and training of my child(ren), including those provided by States, local governments and medical insurance;
* That I have disclosed all scholarships, bursaries or similar grants received from the school or any other entity in respect of the child/children;
* That no other education grant is being paid in respect of the child/children for the periods indicated;
* That textbooks were not provided free of charge *(if claiming textbook expenses)*
* That during the year(s) of the claim I am submitting, (select the option that applies)

[ ]  I have not been telecommuting on flexible working arrangements from my home country or country of permanent residence; OR[ ]  I have been telecommuting on flexible working arrangements from my home country or country of permanent residence on these dates (please specify using the dd/mm/yyyy format): From       to       I authorize the United Nations to contact the educational institution directly and request any information or documentation related to the present request and/or claim. Signature of staff member: \_      Date:      \_\_\_\_\_\_ (Typed signature is acceptable) (dd/mm/yyyy) |
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**\* Please ensure both pages of this form are submitted, preferably double-sided if submitted in hard copy.**

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| **UNITED NATIONS** | **UN** | **CLAIM FOR PAYMENT OF SPECIAL EDUCATION GRANT AND RELATED BENEFIT AND/OR ADVANCE AGAINST THE EDUCATION GRANT AND RELATED BENEFIT** |
| **Part II. Information about staff member and child** |
| Last name, Staff Member  | First name, Staff Member | Middle initial  | Index No. | Level | Entity | Email      |
| Type of appointment | Expiry date | Did you join the organization after the start of the school year? **Yes** [ ]   **No** [ ]   | Home country | Duty station | Type of visa |
| Is the child’s other parent a staff member of the United Nations common system? | [ ]  Yes [ ]  No | **If yes, is the other parent requesting an advance/claiming education grant as well?** | **Yes** [ ]   **No** [ ]   |
| Last Name, Child |  | First Name, Child |  |
| Date of birth, Child (DD/MM/YYYY) |  |
| Name of school or university attended |  |
| Location of school (city, country) |  | Level of instruction (class or grade) |  |

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| **Part III. Claim for special education grant and related benefits** |
| **School information** |
| Academic year(From-To) | dd/mm/yyyy – dd/mm/yyyy**-** |
| **List of claimed expenses** |
| **Instructions**: *Indicate types of services and related costs, as well as expenses incurred during the academic year.* *For those types indicated below, as applicable, please submit duly completed standard UN forms, as shown.* *For other admissible services or expenses, enter them separately, one provider per line, indicate the name of the provider, total cost, and the name of the attached file with all supporting documentation (invoices, proof of payments, professional certificates, doctor’s note, insurance statements, etc.) as applicable. Please provide one file per provider.**Other admissible expenses incurred may include, but are not limited to special teaching, special training, equipment, etc..*  |
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| **TYPE OF SERVICE or EXPENSE** | **NAME OF PROVIDER \*** | **TOTAL COST (currency and amount)** | **NAME OF DOCUMENT/ ATTACHMENT**  |
| Total cost at academic institution |  |  | UN Form P.41 [ ]  |
| Textbooks  |  |  | UN Form P.41/C [ ]  |
| Tuition in mother tongue |  |  | UN Form P.41/A [ ]  |
| **Special Teaching**[ ]  I have provided proof of tutor qualifications/teaching certification if not provided by a company |  |  |  |
| **Special Training**[ ]  Denial of medical coverage submitted |  |  |  |
| **Equipment** |  |  |  |
| **Boarding** |  |  |  |
| **Transportation** |  |  |  |
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| **Scholarship, Grants and Government benefits** |
| Instructions: Please include information on scholarships, grant, bursaries, and other benefits received from the state, local, or your national government which was provided to you and not included in the P.41 form certified by your child’s school.

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| Type of benefit (e.g., scholarships, grant, bursaries, and other benefits received from the state, local, or your national government) | Name of benefit provider | Amount of benefit **(currency and amount)** |
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| **Part IV. Request for advance against the special education grant and the related benefit for academic year** 20      to 20      **(if applicable)** |
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| **Academic year: From       to** |

use **dd/mm/yyyy** format |
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| TYPE OF SERVICE | NAME OF SERVICE PROVIDER | EXPECTED COST (currency and amount) \* |
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* If table is not sufficient, please provide an addendum to this list and follow the same structure as shown on the table.