



Users
Cooperation Associates
Visiting Scientists

CONTRACT MODIFICATION AND EXTENSION FORM

To be completed by the candidate

Family name <i>(as indicated in passport)</i>	Local address whilst at CERN
First names..... <i>(as indicated in passport)</i>
CERN ID number.....	Telephone

Email.....

Marital status : Single Registered partnership Married Legally separated Divorced Widowed

My spouse has residence papers provided by CERN
 My children have residence papers provided by CERN (provide school certificate for children of school age)

Home institution¹ (*name/address*):

Orcid Identifier.....

Expected new end date of association with CERN:
Average presence at CERN: %
Internal address: Building Floor Office Tel Mobile

I understand and certify that, for the entire duration of my contract of association:

- I will be an associated member of the personnel of CERN, subject to its Staff Rules and Regulations. As such, I will not be employed by CERN, nor covered by its social insurance scheme;
- I will be:
 - employed by Date of appointment:
 - * enrolled as a student at
 - * in receipt of a grant from supporting my association with CERN
 - in receipt of a retirement pension from
- My social insurance cover is the responsibility of my home institution;
- In particular, I must have health and accident insurance (including protection against occupational illnesses and accidents) providing adequate cover in Switzerland and France for me and any accompanying family members. Additionally, I must have adequate cover for all countries I may visit on duty travel;
- In the event that my home institution is unable to provide me with health and accident insurance, for whatever reason, I will be required to obtain such insurance myself under the responsibility of my home institution;
- I have adequate financial resources to support myself and accompanying family members.

I will inform CERN of any changes in the foregoing, and understand that the consequences may include termination of my contract of association.

Date: Signature:

** These options are not applicable to Visiting Scientists, who must be employed by their home institution or in receipt of a retirement pension*

To be completed by Team Leader (for Users) or Department Head (for Cooperation Associates and Visiting Scientists)

For Users	For Cooperation Associates	For Visiting Scientists
The candidate will participate in the primary experiment and other experiments..... agreed between CERN and the home institution.	The candidate will participate in the collaboration agreed between CERN and the home institution	The candidate will participate in the activities of my department.
Team account:.....	Agreement:	Organic Unit:
Team Leader:.....	Organic Unit:	Department Head:.....
Signature:.....	Department Head:.....	Signature:.....
	Signature:.....	

For the Users' Office

The contract has been extended from..... to.....

Date: Signature :

(1) Your home institution is:
- Users: the institution with which CERN has concluded a Memorandum of understanding or equivalent agreement that covers your activities at CERN.
- Cooperation Associates: the institution with which CERN has concluded an agreement that covers your activities at CERN.
- Visiting Scientists: the research institution that employs you.

In case of doubt as to the identity of your home institution, contact your Team Leader, Supervisor or Department Head.