**Service request forms for UN Volunteer deployments to Switzerland**

**Notice to UN Partners:**

1. The deployment of UN Volunteers to requesting UN entities in Switzerland is limited to international UN University Volunteers and international UN Youth Volunteers only;

2. The maximum period of deployment will be limited to 6 months for UN University Volunteers and to 9 months for UN Youth Volunteers. There will be no extensions beyond these maximum periods;

3. Neither UN Youth Volunteers nor UN University Volunteers will have family status in Switzerland;

4. UN host entities are required to procure supplementary health insurance needed to satisfy the Swiss authorities’ requirements including to cover any medical and/or hospitalization costs of exceeding the CIGNA plan for international UN Volunteers.

Submission of signed service request form to UNV confirms understanding of the above conditions.

**Service Request Form for all non-Quantum UN Entities deploying UN Volunteers to Switzerland**

|  |  |
| --- | --- |
| To: | UNV HQ, Bonn, Germany |
| Attn: | UNV Deputy Executive Coordinator |
| From: [UN entity name, location] |   |
| Authorising officer name:  |  |
| Authorising officer email: |  |
| Duty Station:  |  |
| **Agency References:**(These INTERNAL references provided by the **UN ENTITY** are to assist the **UN ENTITY** in identifying the expenditures related to this request in the SCA report – up to 50 characters for each of the three options. At least ***one*** of the three options must be provided.) | Agency account number/project code:Agency reference:Unliquidated obligation: |
| Number of requested UNV assignment(s):(Specified by modality, e.g. Youth or university) | International Youth: International University:  |
| Duration of the Contract(s):Applies to both new assignments and extensions | Months:Or expected end date: |
| Total amount UN Entity will cover for the above requested UNV assignment(s) based on the monthly proforma and contract duration.(Specify US$, US$ equivalent or local currency) | International Youth: $International University: $ |
| Service Request Instructions (any additional information) |  |
| The above host entity agrees to procure supplementary medical insurance to satisfy Swiss authorities’ requirements including to cover any medical and/or hospitalization costs exceeding the Cigna plan for international UN Volunteers. |
| Signature of authorising officer: |
| Effective start date of new funding:* New assignment – Entry on duty
* Extenstion - start date of new contract
* Costing update - effective date of new costing
 | [DD/MM/YYYY] |

**The SCA account of the non-quantum UN Entities should always have a sufficient fund balance and is replenishable at their own discretion.**

**Via the monthly SCA report, all monthly volunteer expenses will be reported to the UN Entity.**

**Access to the SCA reports can be requested from** gssu.agencies@undp.org.

**Service request form for all Quantum-UN Entities using Project and Portfolio Management (PPM) deploying UN Volunteers to Switzerland**

 **(UNCDF, UNWOMEN, UNU, UNV, UNDP)**

|  |  |
| --- | --- |
| To: | UNV HQ, Bonn, Germany |
| Attn: | UNV Deputy Executive Coordinator |
| From: [UN entity name, location] |   |
| Authorising officer name:  |  |
| Authorising officer email: |  |
| Duty station: |  |
| Number of requested UNV assignment(s):(Specified by modality, e.g., Youth or university) | International Youth:International University:  |
| Duration of the Contract(s):Applies to both new assignments and extensions | Months:Or expected end date: |
| Total amount UN Entity will cover for the above requested UNV assignment(s) based on the monthly proforma and contract duration.(Specify US$, US$ equivalent or local currency) | International Youth: $International University: $ |
| Service request instructions (any additional information) |  |
| The above host entity agrees to procure supplementary medical insurance to satisfy Swiss authorities’ requirements including to cover any medical and/or hospitalization costs exceeding the Cigna plan for international UN Volunteers. |
| Signature of authorising officer: |
| Effective start date of new funding:* New assignment – Entry on duty
* Extenstion - start date of new contract
* Costing update - effective date of new costing
 | [DD/MM/YYYY] |

**The following Quantum costing is to be used to cover the above-mentioned.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Award** | **Project** | **Task**  | **Funding source** | **Expenditure type** | **Expenditure org.** | **\*Budget %** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**\*To be completed if funded by multiple CoAs with different %**

**Service Request Form for all Quantum-UN Entities *Not* using Project and Portfolio Management (PPM) deploying UN Volunteers to Switzerland**

**(UNFPA, UNITAR, UNSSC)**

|  |  |
| --- | --- |
| To: | UNV HQ, Bonn, Germany |
| Attn: | UNV Deputy Executive Coordinator |
| From: [UN entity name, location] |   |
| Authorising officer name:  |  |
| Authorising officer email: |  |
| Duty station: |  |
| Number of requested UNV assignment(s):(Specified by modality, e.g. Youth or university) | International Youth:International University: |
| Duration of the Contract(s):Applies to both new assignments and extensions | Months:Or expected end date: |
| Total amount UN Entity will cover for the above requested UNV assignment(s) based on the monthly proforma and contract duration.(Specify US$, US$ equivalent or local currency) | International Youth: $International University: $ |
| Service request instructions (any additional information) |  |
| The above host entity agrees to procure supplementary medical insurance to satisfy Swiss authorities’ requirements including to cover any medical and/or hospitalization costs exceeding the Cigna plan for international UN Volunteers. |
| Signature of authorising officer: |
| Effective start date of new funding:* New assignment – Entry on duty
* Extenstion - start date of new contract
* Costing update - effective date of new costing
 | [DD/MM/YYYY] |

**The following quantum costing is to be used to cover the above-mentioned.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency** | **Donor** | **Operating unit** | **Inter-agency** | **Fund code** | **Future** | **Cost center** | **Project** | **\*Budget %** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**\*To be completed if funded by multiple CoAs with different %**

**Service Request Form for all non-Quantum UN Entities using UMOJA deploying UN Volunteers to Switzerland**

|  |  |
| --- | --- |
| To: | UNV HQ, Bonn, Germany |
| Attn: | UNV Deputy Executive Coordinator |
| From: [UN entity name, location] |   |
| Authorising officer name:  |  |
| Authorising officer email: |  |
| Duty Station: |  |
| The above host entity agrees to procure supplementary medical insurance to satisfy Swiss authorities’ requirements including to cover any medical and/or hospitalization costs exceeding the Cigna plan for international UN Volunteers. |
| Signature of authorising officer: |
| Date[[1]](#footnote-2): | [DD/MM/YYYY] |

**The SCA account of the non-quantum UN Entities should always have a sufficient fund balance and is replenishable at their own discretion.**

**Via the monthly SCA report, all monthly volunteer expenses will be reported to the UN Entity.**

**Access to the SCA reports can be requested from** gssu.agencies@undp.org.

1. The date this form was signed. UNV personnel to enter this date in the ‘Funding confirmation date’ field in UVP. [↑](#footnote-ref-2)