**Service request forms for UN Volunteer deployments to H-duty stations**

**Notice to UN Partners requesting UN Volunteers in H-duty stations:**

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

**Particulars relating to UN Volunteer assignments in Switzerland**

1. 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.
2. The deployment of UN Volunteers to requesting UN entities in Switzerland is limited to international UN University Volunteers and international UN Youth Volunteers only;
3. 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;
4. Neither UN Youth Volunteers nor UN University Volunteers will have family status in Switzerland;
5. 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: | |
| Employment Information Department (only for quantum agencies) |  |
| 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](mailto: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: | | |
| Employment Information Department |  |
| 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 authorizing officer: | | |
| Employment Information Department |  |
| 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](mailto: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)