**United Nations Development Programme**

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**INSTRUCTIONS FOR PERSONNEL SERVICES AGREEMENT**

The instruction page as well as any other instructions in this template, are only for the GSSU’s guidance and should be deleted before the agreement is sent to the chosen individual (the “PSA Holder”) for review and signature.

**KEY POINTS:**

The Partner Personnel Services Agreement (“PSA”) may only be issued by GSSU.

The PSA will be in the form of a Face Sheet entitled “Personnel Services Agreement” plus “General Conditions for Personnel Services Agreement” and will annex the other applicable annexes as specified in the Face Sheet.

**How to use this Agreement:**

1. **Purpose and process**:
2. This model agreement is to be used when UNDP engages non-staff personnel PSAs to provide services to UNDP.
3. All questions about this PSA and its General Conditions should be addressed to the Office of Human Resources, Bureau for Management Services (OHR/BMS), UNDP.
4. Please review this PSA and ensure completion of all the blocks of the Face Sheet with correct information. **Please do not delete and/or add any blocks to the Face Sheet**. If any block is not applicable, please indicate “n/a.”
5. No changes or additions to the provisions of this PSA (except completing the Face Sheet further to paragraph 3 above) may be introduced without prior clearance by the Legal Office, Bureau for Management Services (LO/BMS), UNDP.
6. **Drafting guidance**:
7. Regular PSAs are to be used when services are required on a more continuous basis throughout the project periods. Payments are made at the end of each calendar month. A short-term PSAs are issued for a period of time during which the services of the PSA Holder are required intermittently. The PSA on a short-term basis may either specify a “daily rate” or total monthly renumeration. For budgetary purposes, a monetary cap will be determined when the contract is issued. The daily rate can only apply for Short-term PSAs.
8. For international PSAs the currency is US Dollar and for national PSAs local currency applies.
9. The Certificate of No Contest is only applicable to Regular National PSAs.
10. **Please ensure** that a minimum of two (2) originals of this PSA are signed. After signature, UNDP should keep one original and provide the PSA Holder with the other original.

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# PERSONNEL SERVICES AGREEMENT

**BETWEEN THE**

**UNITED NATIONS DEVELOPMENT PROGRAMME**

**AND A**

**PSA HOLDER**

[**Reference No.** *insert reference number, if any; if none, delete bracketed text*]

|  |  |  |
| --- | --- | --- |
| **1. PSA Holder:** with address at | | |
| **2. Starting Date:** | | **3. Expiration Date:** |
| **4. Business Unit Duty Station:** | | |
| **5. Type of Services**:  See Annex B for description of type of Services. | | |
| **6. Type of PSA:**  (a) ☐ National ☐ International  (b)☐ Regular ☐ Short-term | | |
| **7. Mode of Performance:**   1. ☐ Office based ☐ Home based 2. ☐ Full time ☐ Part time | | |
| **8. Remuneration and Level:**  ☐ **Option I: Total Monthly Remuneration**: [INSERT THE AMOUNT AND CURRENCY]  ☐ **Option II: Daily Rate:** [INSERT THE AMOUNT AND CURRENCY]    **Level:** PSA [insert the correct level number] | | |
| **9. Additional Terms:**  **Refer to Annex A for further details**  Annual Leave: days for each completed month of work for PSAs longer than [x] months  Sick Leave: days per month of work  Maternity Leave consecutive weeks at full pay  Paternity Leave calendar weeks at full pay  Hardship Leave: days per month of work  Jury Duty, Other Appearances in Court and Military Service: [insert amount of days] days per year  Others  Explain if required: | | |
| **10. Additional Insurance required:**  [type of insurance and limitation of coverage; if no additional insurance is required, insert “N/A”] | | |
| **11. PSA Holder’s Bank Account to which payments will be transferred**:  Beneficiary:  Account name:  Account number:  Bank name:  Bank address:  Bank SWIFT Code:  Bank Code:  Routing instructions for payments: | | |
| **12. Notices to the PSA Holder:**  Name:  Address:  Tel:  Fax:  Email: | **13. Notices to UNDP:**  Name:  Address:  Tel:  Fax:  Email: | |
| **14. Beneficiary:** "[Click here and enter full name of PSA Holder’s Beneficiary]" with address at "[Click here and enter full address of PSA Holder’s Beneficiary, email and telephone number]" | | |
| **15.** **Effective Date:** Without prejudice to the Starting Date for the Services specified in Block 2 of this Face Sheet, this PSA shall only become effective upon completion of the following:  (i) date of last signature,  (ii) date that the medical certificate is received by UNDP, and  (iii) proof of acceptable medical insurance is provided by the PSA Holder.  In no case shall the Services commence before the Effective Date. | | |
| 16. This Contract consists of the following documents, which in case of conflict shall take precedence over one another in the following order:  This face sheet (“Face Sheet”)  General Conditions for Personnel Services Agreement  Annex A: Additional Terms  Annex B: Terms of Reference  Annex C: Certificate of No Contest  All the above, shall form the entire agreement between the Parties (the “PSA”), superseding the contents of any other negotiations and/or agreements, whether oral or in writing, pertaining to the subject of this PSA. | | |

***I have read and understood the terms and conditions of this PSA, including its annexes (Annex A –Additional Terms, Annex B –Terms of Reference[, and Annex C – Certificate of no Contest]) and agree with its terms and conditions.***

|  |  |
| --- | --- |
| United Nations Development Programme | PSA Holder |
| Signature:  [Insert Signatory’s name]  Head of the Business unit | Signature:  [Insert PSA Holder’s name] |
| Date : | Date : |