**UNITED NATIONS  NATIONS UNIES**

**SPECIAL EDUCATION GRANT AND RELATED BENEFIT**

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

***INSTRUCTIONS:*** When submitting a claim for payment and/or a request for advance, you must complete parts I and II of this form. In addition, please complete:

* Part III if you are submitting a claim for payment of the special education grant and the related benefit and/or
* Part IV if you are submitting a request for an advance against the special education grant and the related benefit.

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. If claiming textbook expense, check options in annex II of [ST/IC/2018/8](https://undocs.org/ST/IC/2018/8) and select one option (fixed amount or actual amount spent). If the actual amount spent option is selected and the amount is greater than the fixed amount (i.e., $210 at the primary level, $420 at the secondary level and $840 at the post-secondary level), attach form P.41/C completed by the educational institution and provide relevant receipts if the books were not bought through the school bookstore.

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| 1. **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 10.4 of [ST/AI/2018/1](https://undocs.org/ST/AI/2018/1).

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)*.

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: \_\_\_\_\_     \_\_\_\_\_\_ (dd/mm/yyyy) |
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**\* Please note that for the claim to be valid, it must be submitted on a double-sided form.**

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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** |
| **II. Staff member: (***parts I and II must be completed****)*** |
| Last name of staff member  | First | Middle initial  | Index No. | Level | Dept. or Div. | Ext. | Room No. |
| Type of appointment | Expiry date | Entrance on duty date(day/month/year)  | Home country | Duty station | Type of U.S. visa |
| Child’s name  |  |  |  |
| Date of birth (day/month/year)) |  |  |  |
| 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?** |

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| [ ]  Yes [ ]  No |

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| Name of school or university attended |  |  |  |
| Location of school (city, country) |  |  |  |
| Level of instruction (class or grade) |  |  |  |
| **III. Claim for special education grant and related benefits** |
| Academic year(from – to) | Day/month/year – day/month/year | Day/month/year – day/month/year | Day/month/year – day/month/year |
| Child attended school (from – to)(attach form P.41/B) | Day/month/year – day/month/year | Day/month/year – day/month/year | Day/month/year – day/month/year |
| Actual cost (attach P.41 and/or other receipts) | Currency and amount | Currency and amount | Currency and amount |
| Textbook cost (elect one option—read instructions on page 1) | Check box for fixed amount OR specify amountfixed amount [ ]  US$  | Check box for fixed amount OR specify amount  fixed amount [ ]  US$  | Check box for fixed amount OR specify amount fixed amount [ ]  US$  |
| Tuition in mother tongue (attach form P.41/A) | Currency and amount | Currency and amount | Currency and amount |
| Other private tuition | Currency and amount | Currency and amount | Currency and amount |
| Special benefit | Currency and amount | Currency and amount | Currency and amount |
| Scholarship, bursary and similar grant  | Currency and amount | Currency and amount | Currency and amount |
| Boarding (check box)  | [ ]  | [ ]  | [ ]  |
| Child was boarding (from – to) | Day/month/year – day/Month/Year | Day/month/year – day/month/year | Day/month/year – day/month/year |
| Capital assessment fee | Currency and amount | Currency and amount | Currency and amount |
| **IV. Request for advance against the special education grant and the related benefit** |
| Academic year(from – to) | Day/month/year – day/month/year | Day/month/year – day/month/year | Day/month/year – day/month/year |
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|  |  |  |  |
| Indicate the expected amount(see [ST/IC/2018/8](https://undocs.org/ST/IC/2018/8), paras. 4-9)  | US$  | US$  | US$  |
| **FOR OFFICIAL USE OF OHRM** |
| School location | DUTY STN [ ]  HOME CTRY [ ]  OTHER CTRY [ ]  | DUTY STN [ ]  HOME CTRY [ ]  OTHER CTRY [ ]  | DUTY STN [ ]  HOME CTRY [ ]  OTHER CTRY [ ]  |
| Admissible cost |  |   |   |
| Maximum entitlement(if prorated) |  |  |  |
| Advance requested in part IV authorized |       |  |  |
| Staff member entitled as above.For the ASG, OHRM: (Print name and SIGN)  | Date:  |

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