

UNIVERSITY OF THE PHILIPPINES

PERMISSION TO ENGAGE IN LIMITED PRACTICE OF PROFESSION

Period _____

For renewal of permission to engage in limited practice of profession / management of private enterprise, please attach a brief report of previous engagement covering the nature of the practice, the period covered (amount of time spent) and the clients / beneficiaries / institutions involved. Please accomplish in duplicate – HRDO 201 file and unit copy.

Last Name	First Name (s)	Middle Initial
Designation: <input type="checkbox"/> Faculty	<input type="checkbox"/> REPS	<input type="checkbox"/> Administrative
Position : _____	_____	_____
Appointment Status: <input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent	
Home College / Unit _____	Contact No: _____	
Home Dept / Institute _____	Contact No: _____	

1. Nature of proposed practice of profession

- Profession practice (please specify) _____
- | | |
|------------------------------|-------------------------|
| Commissioned creative work | Technical assistance |
| Policy analysis | Training |
| Program / Project evaluation | Others (please specify) |
| Research | _____ |

2. Amount of time to be spent in the practice of profession

Time schedule (eg. 5 pm to 7 pm, W) _____

3. Please indicate clients and where practice of profession will be done**.

Organization / Clients	Address	Tel. / Fax No.

** Please include in your year-end report of engagement in limited practice of profession clients not covered by this application.

*** A separate request for teaching in other universities coursed through channels is required. Teaching in other universities shall be allowed only with institutions with which UPD has a MOA / MOU.**

I hereby abide by the rules and regulations approved by the President and the Board of Regents governing limited practice of profession or involvement in outside activities. It is also understood that time while my engagement in limited practice of profession will further enhance and enrich my profession / scholarship in UP, such engagement will not in any way adversely affect my main duties as an employee of the University.

Signature of Applicant

1. Recommended by:		
_____		_____
Chairman / Director (Printed name and signature)		Date
2. Endorsed by:		
_____		_____
Chairman / Director (Printed name and signature)		Date
3. Recommending approval:		
For Faculty & REPS		For Administrative Staff
_____	_____	_____
OEC-AVCAA Director (Printed name and signature)	Date	HRDO Director (Printed name and signature)
4. Recommending approval:		
_____		_____
Vice-Chancellor for Academic Affairs / Administration (Printed name and signature)		Date
5. Approved:		
_____		_____
Chancellor		Date