

**UNIVERSITY OF THE PHILIPPINES
AT LOS BAÑOS**

PERMISSION TO ENGAGE IN LIMITED PRACTICE OF PROFESSION/
MANAGEMENT OF PRIVATE ENTERPRISE
(Original/Renewal)

Period _____ 20__ to _____ 20__

NAME: _____ DESIGNATION _____

COLLEGE/UNIT _____ STATUS OF BASIC APPT: _____ FULL TIME
 _____ PART-TIME
 _____ PERMANENT
 _____ TEMPORARY

A. State briefly the exact nature of proposed limited practice of profession and the reason/s for engaging it. Explain how it will enhance service to the University.

B. Indicate time involvement (Approximate number of hours to be spent in the Practice of Profession/Management of Private Enterprise) or time schedule.

C. Indicate where Practice of Profession/Management of Private Enterprise will be done (state name of organization, if any).

<p><u>1/</u> 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. I shall likewise refrain from using university facilities & equipment in undertaking activities relative to my limited practice of profession/management of private enterprise</p> <p style="text-align: center;">_____ Signature of Applicant</p>	<p><u>4/</u> Recommending Approval:</p> <p style="text-align: center;">_____ NELSON JOSE VINCENT B. QUERIJERO Date Director, HRDO</p>
<p><u>2/</u> Recommended by:</p> <p style="text-align: center;">_____ Chairman Date</p>	<p><u>5/</u> Recommending Approval:</p> <p style="text-align: center;">_____ Vice Chancellor for Instruction/ Vice Chancellor for Administration</p> <p style="text-align: right;">_____ Date</p>
<p><u>3/</u> Endorsed by:</p> <p style="text-align: center;">_____ Dean/Director Date</p>	<p><u>6/</u> Approval/Disapproval:</p> <p style="text-align: center;">_____ Chancellor Date</p>