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| --- |
| **REQUEST FOR PERMIT TO TEACH** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | Date |
|  |  |  |  |  |  |  |
| PresidentThis University |  |  |  |  |  |  |
| Madam: |  |  |  |  |  |  |
| Request that I be allowed to teach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ units this 1st / 2nd Semester of SY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ exclusive of my Official assignment in this University. |
|  |  |  |  |  |  |  |
| School | Course | Subject | Day | Time | Total Lec/Lab |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| My official time is from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My current official assignment if as follows: |
| 1. Administrative (Describe the nature of work/designation):
 |
|  |
| 1. Academic:
 |
| Regular TSU Load |  | TSU Honorarium Class |
| Subject | Day | Time | Lec / Lab |  | Subject | Day | Time | Lec / Lab |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I am submitting the following information about myself: |
| 1. Name
 |  |  | Contact No. |  |  | Civil Status |  |
| 1. Position
 |  |  | Actual Salary Per Annum |  |
| 1. Status of Appointment
 |  |  | Years in Service |  |
| 1. College / Service Unit
 |  |  |  |  |
| 1. Performance Rating for the Last Rating Period
 |  |
| 1. Educational Qualifications
 |  |
| College / University |  | Degree Pursued / Finished & Year Completed |
|  |  |  |
|  |  |  |
| 1. Other Special Trainings
 |  |
| 1. Physician’s Recommendation (Once a year only)
 |
| I hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is physically fit to perform all the activities stated above. |
|  |  |  |  |  |
|  | Physician’s License Number |  | Signature of Government Physician |  |
|  |  |  |  |  |  |  |
| 1. I pledge that request to teach at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to college: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will not affect the performance of my regular duties and responsibilities at the Tarlac State University, and should there be a conflict between the former and the latter, I shall give up the former.
 |
|  |  |  |  | Very truly yours, |  |  |
|  |  |  |  |  |
| Recommending Approval: |  |  |  |  |
|  |  |  |  |  |
|  | Vice President |  | Immediate Supervisor |  |
| Approved: |
|  |  |  |  |  |
|  |  | President |  |  |
|  |  |  |  |  |  |  |
| SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_, Affiant has exhibited to me his / her Residence Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
|  |  |  |  |  |  |  |
|  |  |  |  |  | Notary Public |  |
| Doc. No. | : |  | ; |  |  |  |
| Page No. | : |  | ; |  |  |  |
| Book No. | : |  | ; |  |  |  |
| Series of 20\_\_\_\_. |