



REQUEST FOR PERMIT TO TEACH

_____ Date

 President
 This 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 |
|--------|--------|---------|-----|------|---------------|
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| | | | | | |

My official time is from _____ to _____. My current official assignment if as follows:

1. Administrative (Describe nature of work / designation):

2. Academic:

Regular TSU Load

| Subject | Day | Time | Lec / Lab |
|---------|-----|------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |

TSU Honorarium Class

| Subject | Day | Time | Lec / Lab |
|---------|-----|------|-----------|
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| | | | |
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I am submitting the following information about myself:

1. Name _____ Contact No. _____ Civil Status _____

2. Position _____ Actual Salary Per Annum _____

3. Status of Appointment _____ Years in Service _____

4. College / Service Unit _____

5. Performance Rating for the Last Rating Period _____

6. Educational Qualifications
 College / University _____ Degree Pursued / Finished & Year Completed _____

7. Other Special Trainings _____

8. 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

9. 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_____.