UNIVERSITY OF THE PHILIPPINES DILIMAN

PERMISSION	TO ENGAGE I	N 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 & unit copy.

Last Name	First Name(s)	Middle Initial		
Designation: Faculty	REPS	Administrative		
Position : _	· · · · · · · · · · · · · · · · · · ·			
Appointment Status: Temp	orary Permanent			
Home College/Unit	Contac	ct No:		
Home Dept/Institute		ct No:		
Policy analysis Program/Project eval		Training Others (please specify)		
Research				
. Amount of time to be spent in	the practice of profession			
Time schedule (eg. 5 pm to 7 pm, W)				
. Please indicate clients and w	here practice of profession will	be done**.		

^{**}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 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:			
	Dean (Printed name and signature)	Date		
3.	Recommending approval: For Faculty & REPS	For Administrative staff		
— (F	OEC-OVCAA Director Date Printed name and signature)	HRDO Director (Printed name and signature)		
4.	Recommending approval:			
	Vice-Chancellor for Academic Affairs/Administration (Printed name and signature)	Date		
5.	Approved:			
	Chancellor			