



Republic of the Philippines  
PAMANTASAN NG LUNGSOD NG MAYNILA  
(University of the City of Manila)  
General Luna Street cor. Muralla Street  
Intramuros, Manila, Philippines

## PERMISSION TO TEACH\*

		Application Date:	
NAME	Family Name	First Name	Middle Name
OFFICE/ COLLEGE			STATUS <input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Temporary <input type="checkbox"/>
DESIGNATION/ RANK			<input type="checkbox"/> Within the University <input type="checkbox"/> Outside the University
PERIOD COVERED			
Name of School/s (including address and contact number/s) where faculty intends to teach			
Indicate Time Schedule			
TOTAL LOAD, PLM		TOTAL AGGREGATE LOAD	
TOTAL LOAD IN OTHER UNIVERSITIES/SCHOOL			

I hereby abide by the applicable rules and regulations on governing limited practice of profession or involvement in outside activities.

I also certify in my honor to the correctness of the information provided herein.

\_\_\_\_\_  
Signature

1. Verified Correct by:		3. Recommended by:	
_____ Head of Office/Unit	_____ Date	_____ Vice President for Academic Affairs	_____ Date
2. Endorsed by:		4. Action	
		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
_____ Chief, Human Resource Development Office	_____ Date	_____ University President	_____ Date

\* A copy of the requesting party Teaching Assignment is a required attachment for this request (for faculty member).

\*\* Processing time is seven (7) working days.