



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 ENGAGE IN LIMITED PRACTICE OF PROFESSION/MANAGEMENT OF PRIVATE ENTERPRISE \*

<b>NAME</b>	Family Name	First Name	Middle Name		
<b>OFFICE/ COLLEGE</b>			<b>STATUS</b> <input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Temporary <input type="checkbox"/> _____		
<b>DESIGNATION/ RANK</b>					
<b>PERIOD COVERED</b>					
State briefly the exact nature of proposed limited practice of profession or management of private enterprise, and the reason/s for engaging in it.					
<b>WORK SCHEDULE</b>					
<b>PRESENT</b>			<b>PROPOSED SCHEDULE OUTSIDE UNIVERSITY</b>		
<b>DAYS</b>	<b>TIME</b>	<b>NO. OF UNITS (if applicable)</b>	<b>DAYS</b>	<b>TIME</b>	<b>NO. OF UNITS (if applicable)</b>
<b>TOTAL LOAD, PLM</b>			<b>TOTAL AGGREGATE LOAD</b>		
<b>TOTAL LOAD IN OTHER UNIV./SCHOOL</b>					
<b>CONTACT INFORMATION OF PROPOSED WORKPLACE</b>					
<b>OFFICE</b>					
<b>CONTACT ADDRESS</b>					
<b>CONTACT PERSON</b>					
<b>CONTACT NOS.</b>					

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

<b>For Academic Personnel</b>	<b>For Non-Academic Personnel</b>	
1. Verified Correct by:  _____ Department Chair                      Date	1. Verified Correct by:  _____ Immediate Supervisor                      Date	3. Recommended by:  _____ HRDO Chief                      Date
2. Endorsed by:  _____ College Dean                      Date	2. Endorsed by:  _____ Head of Office                      Date	3. Action <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  _____ University President                      Date

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