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| **REQUEST FOR PERMIT TO TEACH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 the nature of work/designation): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Physician’s License Number | | | | | | | | | | | | | | | | | | |  | | | | | | Signature of Government Physician | | | | | | | | | | | | | | | | | | |  |
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| 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, | | | | | | |  | | | | | | |  | | | | | |
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| Recommending Approval: | | | | | | | | | | |  | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | |
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|  | Vice President | | | | | | | | | | | | | | | | | | | | | |  | | | Immediate Supervisor | | | | | | | | | | | | | | | | | | |  |
| Approved: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | |  | | | | | | | | | | | President | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |
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| SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_, Affiant has exhibited to me his / her Residence Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Series of 20\_\_\_\_. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |