Date:

Attention: President of Chiba University

Name of Representative:

Name of Organization:

We wish to request the additional service of a staff member of your university as stated below and hereby seek your approval.

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| 1 | Name, position and department of the person to undertake the additional service at Chiba University | Name: Position:  Department: |
| 2 | Title of service requested |  |
| 3 | Details of service requested |  |
| 4 | Duration of service   * No longer than 1 year in principle; 4 years maximum when a term of office is established by law, etc,. | □ From \_\_\_\_\_\_\_ [mm/dd/yy] to \_\_\_\_\_\_\_ [mm/dd/yy]  □ Date of approval: \_\_\_\_\_\_\_ [mm/dd/yy] |
| 5 | Frequency/hours of service   * 8 hours a week as maximum. (Excluding the hours of service during weekends and public holidays) | □ \_\_\_ days, \_\_\_ hours per day, during \_\_\_\_ (state period such as week, month, year)  □ Weekly on \_\_\_\_\_\_ (state day or days) from \_\_\_\_\_ o’clock to \_\_\_\_ o’clock (state hours)  □ Intensive lectures: \_\_\_\_ hours  □ Other ( ) |
| 6 | Remuneration, etc. | □　Yes. \_\_\_\_ yen (day/month/year/ hours/segment/subject/total)  □　No. □ Other ( ) |
| 7 | Place of service |  |
| 8 | Contact details of person responsible for the request | Name:  Department:  Address:  Telephone:  Email: |