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: |