

Date : April /24/2023

Application (Notification) Form for Request and Permission to Dual Employment

To: President of Japan Advanced Institute of Science and Technology

Address of the company: ◆◆◆ ×× Street, ××, IL 60118 USA

Organization Name: The Society for ●●●●

Representative: ■■ ■■■■

We would like to ask for your consent to the request of the employee below to pursue dual employment.

Please check (or fill in ■) the appropriate box in the following columns ① - ⑧.

①Name of employee requesting dual employment: Sentan Taro Affiliation: Graduate School of Advanced Science and Technology Job title: Professor
②Position Title : lecturer Duties & responsibilities : Lecture on ○○ at the ○○ lecture meeting Address of work location (starting with the post code): by online
③Anticipated Period of Dual Employment <input checked="" type="checkbox"/> new <input type="checkbox"/> continuation From: July /22/2023 (<input type="checkbox"/> date of permission) To: _____/_____/20_____
④Frequency of Work: <input checked="" type="checkbox"/> <u>1</u> (time / case) per (year / month / week / other period) <u>2</u> hours per (time / case) <input type="checkbox"/> Every _____(day of the week) (_____:_____ - _____:_____) <input type="checkbox"/> Intensive course _____hours _____hours per _____day <input type="checkbox"/> Other (_____)
⑤Remuneration: <input type="checkbox"/> Yes yen (including tax) { per(year(s)/month(s)/day(s)/time(s) /case /hour(s)) , Other } <input checked="" type="checkbox"/> No
⑥Travel Expenses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
⑦Type of your institution, contact person, response letter <input type="checkbox"/> Incorporated educational institution <input checked="" type="checkbox"/> Others (Business activities: Improve ●●● by advancing the field of ××× through education, research and ●●●.) Contact person: ◆◆◆ ×× Street, ××, IL 60118 USA ■■ ■■■■ TEL : +1 ●●●-●●●-●●● E-mail : ●●●@×××.org Website address: http://www.×××.com Response letter: <input type="checkbox"/> Yes ※In principle, we will not send a written response. Please check the checkbox only if a response letter is required.
⑧If there is a request for disclosure of the above dual employment requests, tick the checkboxes for any obstacles to disclosure. : <input type="checkbox"/> organization Name (Including Name of Representative / Contents of Business) <input type="checkbox"/> Title of Office <input type="checkbox"/> Content of Duties

* The following fields are for our internal use and do not need to be filled in.

<p style="text-align: center;">Application for Permission to Dual Employment(Notification Form)* To be completed by applicant</p> <p>I would like to apply (report) for permission to engage in the second job as described above outside of my prescribed working hours.</p> <p style="text-align: right;">_____/_____/20_____ Name _____</p> <hr style="border-top: 1px dashed black;"/> <p>* Office Use Only Date of Receipt of Application: _____/_____/20_____ 【北院大第 号】</p>
<p style="text-align: center;">There is <input type="checkbox"/> no objection <input type="checkbox"/> objection to the above dual employment.</p> <p style="text-align: center;">_____/_____/20_____ Head of the department _____</p>
<p>To the above dual employment:</p> <input type="checkbox"/> Permitted President of Japan Advanced Institute of Science and Technology. <input type="checkbox"/> Not Permitted _____/_____/20_____ (Date of permission) Japan Advanced Institute of Science and Technology