　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　(Document Number)

Date： 　＿＿/＿＿/20＿＿

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

To: President of Japan Advanced Institute of Science and Technology

Address of the company:

Organization Name:

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:  Affiliation:　　　　　　　　　　　　　　　 Job title: |
| ②Position Title：  Duties & responsibilities :  Address of work location (starting with the post code): |
| ③Anticipated Period of Dual Employment　　　□ new　　□continuation  From: 　/ 　/20 　 ( □ date of permission) To: 　/ 　/20 　 / |
| ④Frequency of Work:  □ 　(times / case) per ( year / month / week / other period ) 　hours per ( time / case )  □ Every 　(day of the week) ( 　: 　 - 　: 　 )  □ Intensive course 　hours 　hours per 　day  □ Other ( ) |
| ⑤Remuneration:  □ Yes yen (including tax) { per 　 ( year(s)/month(s)/day(s)/time(s) /case /hour(s) ) , Other }  □ No |
| ⑥Travel Expenses □ Yes □ No |
| ⑦Type of your institution, contact person, response letter   * Incorporated educational institution * Others (Business activities: )   TEL： 　　　　　　 E-mail：　　　　　　　　　　　　Website address:  Response letter: □ 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.：□ organization Name (Including Name of Representative / Contents of Business)  □ Title of Office □ Content of Duties |

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

|  |
| --- |
| Application for Permission to Dual Employment(Notification Form)\* To be completed by applicant  I would like to apply (report) for permission to engage in the second job as described above outside of my prescribed working hours.  　/ 　/20 　 /　　　　　　　 　　Name 　 \_ |
| \* Office Use Only Date of Receipt of Application: 　/ 　/20 　 /【北院大第　　号】 |
| There is　　　□　no objection　　□ objection　　　to the above dual employment.  　/ 　/20 　 /　　　Head of the department 　 \_ |
| To the above dual employment:  □ Permitted President of Japan Advanced Institute of Science and Technology.  □ Not Permitted  　/ 　/20 　 （Date of permission） Japan Advanced Institute of Science and Technology |

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

**Notes on filling out the form**

1. In the "Document No." column at the right end of the top row, please enter the document number of your institution, etc., if necessary.

In the "Date" column, please enter the date of the request. The date should be prior to the start date of the dual employment.

1. In the "Location" column, please enter the location, name, and name of the representative of your organization, etc.
2. Enter Name of JAIST’s employee requesting dual employment, Affiliation of JAIST, and Job title of JAIST in “①”column.
3. Enter the title in your organization given to JAIST’s employee requesting dual employment, duties and location of work in “②”column.

\* Please describe the duties and responsibilities in detail. If online work is requested, please describe so.

5. In column (③), check (or "■" (same below)) the appropriate box for “new” or “continuation”. If the fiscal year for which the request is being made is consecutive, select "Continuation". (For example, if you worked until March 31 in the previous year and will work from October 1 in the current year, select "Continuation.)

Please enter the specific beginning and ending dates of the period for which you are requesting dual employment. Since the start date cannot be retroactively approved, please check "□Date of permission" if you wish to start from the date of the University's approval.

In principle, the period of dual employment is limited to one year. However, if the term of office exceeding one year is prescribed by law or regulation, the period of dual employment may extend. Please attach a copy of the law or regulation stipulating the term of office.

1. In “④”column, please enter specific information on frequency, hours, etc., depending on the type of duties you are requesting. For part-time lecturers, enter the number of sessions in term of hours.
2. Please check the appropriate box to availability of remuneration. Enter the specific amount of remuneration in “⑤”column.
3. Please check the appropriate box to indicate whether or not travel expenses will be reimbursed in “⑥”. If only travel expenses are paid, the remuneration in “⑤”will be "No"　and the travel expenses in“⑥” will be "Yes".
4. In column ⑦, please provide the type of your institution　and the person in charge of administration, and answer about the response letter. In principle, we will not respond to your letter, but if necessary, please check/fill in the appropriate boxes.

Also, please fill in the website of your institution, etc., if any.

\*If selected “Others”, please fill in the "Purpose" in the Articles of Incorporation or Articles of Endowment as business activities. In case of a part-time lecturer, you do not need to fill in the section.

Example:

(in case of commercial enterprise ) Business activities: manufacturing and sales of \_\_\_, research and development of \_\_\_, etc.

(In case of incorporated foundation) Activities: subsidy for \_\_\_, promotion of \_\_\_, etc.

1. If you have any objection to disclosure, please check the appropriate box in“⑧”.