

REQUEST TO PRACTICE PROFESSION

The President
Bicol University
Legazpi City

(Thru Channels)

Sir/Madam:

In Compliance with CSC MC No. 5 s. 1966 , I have the honor to request permission to practice Profession after office hours. In this connection, I am submitting the following data or information, about myself.

1. Name

Family Name / Given Name / Middle Name

Civil Status

2. Position

Actual Salary per Annum

3. University College/School Employed:

4. Nature of Duties:

5. Performance Raing for the last rating period:

(points)

(Description)

6. Educational Qualifications:

College/University

Degree

Pursued/Finished

7. Other Special Trainings:

8. Work to be performed outside of the Bicol University

Specific Time and Date

I am attaching herewith a certificate of my recent physical and medical examination, duly certified by a government physician.

I certify upon my word of honor that I have read at the back hereof the rules and regulations governing practice of profession after office hours.

Date:

Signature

1st Endorsement

Respectfully forwarded to the Human Resource Management Office inviting attention to the basic communication and

2nd Endorsement

Respectfully forwarded to the President

Approved:

President