Document No.

Date：　　/　　　　/

**Request** **and application for permission for concurrent employment and concurrent holding of position**

To the President of the National Institutes of Natural Sciences:

(Postal code)

Location

Name

Representative

We would like to request the following work from an executive officer or an employee of NINS.

Details

Content of work (Check the appropriate boxes and fill out the required fields.)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 Name, etc. of the executive officer or employee of NINS | | | | | | | | |
| Name |  | | Affiliation |  | | Title |  | | |
| 2 Title and job description to be requested | | | | | | | | |
| Title | |  | | | | | | |
| Job description | |  | | | | | | |
| Place of employment | | □ Same as location　　□ (Postal code) | | | | | | |
| 3 New or continuation | | | | | | | | |
| □ New　　　　□ Continuation | | | | | | | | |
| 4 Request period | | | | | | | | |
| From　　　　　　　　　　　 （□ permission date）　to | | | | | | | | |
| 5 Form of job to be engaged | | | | | | | | |
| □ Frequency 　　　 days (within the period ・ per year ・ per month ・ per week) | | | | | | | | hours per day |
| □ Intensive course　　　　　　 hours | | | □ Others ( ) | | | | | |
| 6 Remuneration | | | | | | | | |
| □ Yes　　　　　　　　　　　　 yen 【within the period　・ per month　・ per day　・ per hour　・  per class (　　minutes)　・　 Others (　　　　)】 | | | | | | | | |
| □ No | | | | | | | | |
| 7 Travel expenses | | | | | | | | |
| □ Yes　□ No | | | | | | | | |
| 8 Type of institution, etc., department in charge, person in charge, contact information, method of sending the written response | | | | | | | | |
| Type | □ National government / local government / independent administrative agency / national university corporation / corporation other than commercial enterprises  □ Commercial enterprise (nature of business:　　　　　　　　　　　　　　　　　　　　　　　　)  □ Others (nature of business:　　　　　　　　　　　　　　　　　　　　 　　　　　　　　　　　) | | | | | | | |
| Department in charge (person in charge) | |  | | | | | | |
| Contact information | | (Postal code) | | | | | | |
| Tel: | | | Email: | | | |
| Method of sending the written response | | □ Email　　□ Fax（　　　　　　　　　　　　　　　）　　□ Mail | | | | | | |
| \*In principle, we will not respond if it is not necessary, but fill out this form if you wish to receive a written response from NINS. | | | | | | | | |

※ For official use only.

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| Application for permission | |
| To the President of the National Institutes of Natural Sciences: | |
| We would like to apply for permission for □ concurrent business □ concurrent holding of position for the above request. | |
| Date：　　/　　　　/ | (Name of the executive officer or employee) |
| We hereby permit the □ concurrent employment □ concurrent holding of position outlined above. | |
| Date：　　/　　　　/ | (Person granting permission) |