Date:

Attention: President of Chiba University

Name of Representative: (Seal)

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.

We agree to the disclosure on your university’s website of the name of our organization, the amount of remuneration to be provided, the name of the diagnosis or treatment department of the staff member to be assigned, and other details required by your university.

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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.   * 50,000 yen per hour or 200,000 yen per time is the upper limit. (For short-term service, 100,000 yen per hour, 400,000 yen per time is the upper limit) | □　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: |