


Document in translation

 <p> האוניברסיטה העברית בירושלים THE HEBREW UNIVERSITY OF JERUSALEM الجامعة العبرية في اورشليم القدس </p>	REQUEST FOR PERMISSION TO WORK IN AN ADDITIONAL POSITION AT THE UNIVERSITY - IN TEACHING OR RESEARCH					
<u>Management Directive 05-002</u>	When this form has been completed and the required documents attached, it will be forwarded to the Division for Human Resources					
Part A - To be completed by the employee requesting additional employment						
1. Employee Information:						
First Name	Last Name	ID Number	Rank	Track	Unit	
2. The employee's hours of teaching/work are as follows:						
Teachers should attach information regarding course load from the University "Shnaton-Net" system	Sem'	Sunday	Monday	Tuesday	Wednesday	Thursday
	A					
	B					
3. Details of additional positions in the unit - Mark <input checked="" type="checkbox"/> the appropriate box:						
<p> <input type="checkbox"/> The employee is not employed in an additional position at the University or outside of the University. </p> <p> <input type="checkbox"/> The employee is employed in an additional position. Below are details of additional places of employment: </p> <p>_____</p> <p>Type of employment: _____</p> <p>Scope of employment: _____ Employment period (dates): _____</p> <p>_____</p>						
4. Mark <input checked="" type="checkbox"/> the appropriate box :						
<p> <input type="checkbox"/> The additional job for which I am requesting approval is in research, and the scope of the part-time position scope is ____ </p> <p> <input type="checkbox"/> The additional job for which I am requesting approval is in teaching, and the scope of the position is _____ teaching units per week at the rate: ____ 1 ____ A ____ B ____ C </p>						

The additional work will be performed (date)_____ until (date) _____
on the days and hours specified below :

For additional work as a teacher, please attach teaching schedule, including course number	Sem'	Sunday	Monday	Tuesday	Wednesday	Thursday
	A					
	B					

5. The additional job will be carried out in _____

Subject of employment: _____

Budget item (for billing purposes): _____

6. The reasons for this application:

7. I am aware that additional employment of an administrative worker requires the advance approval of the Director General. The approval is to be attached to this form.

Date

Employee Name

Signature

Part B - To be completed by the employee's immediate supervisor

_____ I recommend that the application be approved, subject to the following limitations:

_____ I do not recommend that the application be approved. My reasons:

Date

Name of Direct Supervisor/Head of Department / Institute

Signature

Part C - to be completed by the Dean / Head of School / Division / Department in which the employee is employed on a permanent basis

_____ I recommend that the application be approved, subject to the following limitations:

_____ I do not recommend that the application be approved. My reasons:

Date

Name of Dean/Head of School/ Division /Department

Signature

Part IV - Rector's approval

_____ **I approve the request, subject to the following limitations:**

_____ **I do not approve the request. My reasons:**

Date

Name of Rector

Signature