

Document in translation

האוניברסיטה העברית בירושלים
THE HEBREW UNIVERSITY OF JERUSALEM
الجامعة العبرية في اورشليم القدس

Upon completion of Parts A, B, and C, this form is to be sent to the Division for Human Resources

APPLICATION FOR APPROVAL OF ADDITIONAL EMPLOYMENT OUTSIDE THE UNIVERSITY – ACADEMIC FACULTY

Part A - To be completed by the academic faculty member (*)

1. Academic faculty member details

First Name	Last Name	ID Number	Rank	Track	Unit
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2. In accordance with the curriculum at the Hebrew University, my teaching hours were set as follows:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday
First Semester					
Second Semester					

3. I am employed in another paid position at the University in the scope of _____. I receive an additional position-related increment at the rate of _____,

I receive a research increment at a rate of _____.

4. The additional employment will be in the field of:

☐ Teaching ☐ Research ☐ Consultation ☐ Other (Mark ✓ in the appropriate box),

in the scope of _____.

The work will be carried out at _____,

from (insert date) _____ until (insert date) _____, as specified below:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday
First Semester					
Second Semester					

(*) In the case of **employment at another academic institution**, please attach to this application a request from the other institution, detailing the scope of employment. In other cases such as: **consulting, management, ownership of commercial and/or industrial companies and/or business organizations**, an advance approval must be attached to this application, as specified in Management Directive [15-011](#) "RELATIONSHIPS BETWEEN ACADEMIC FACULTY AND A BUSINESS ENTITY"

Date

Signature

Part B – To be completed by the Department Head/Division Head

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

☐ I do not recommend that this application be approved, on the following grounds:

Date

Name

Signature

Part C - To be completed by the Dean/Director of School

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

☐ I do not recommend that this application be approved, on the following grounds:

Date

Name

Signature

Part D - Rector's decision. To be completed by the Rector or by a person authorized by the Rector

☐ The application has been approved by Yisum Co., Hebrew University Technology Transfer:

☐ The application has been approved subject to the following limitations:

☐ The application has been denied on the following grounds:

Date

Name

Signature

(012) 22.04.18 Management Directive [05-005](#)

The decision will be sent to the faculty member, department head, division head, dean/school director, the faculty member's personal file, and to the applications file in the Division for Human Resources