



APPLICATION FOR EXTERNAL WORK

Title / Name of Applicant	
Job Title	
UT Number	
Department / Division / Unit	

Nature and scope of private work			
Period: Year			
Hours per week / month			
Signature of Applicant		Date	
Name and Surname: Line Manager or Head of Department			
Signature: Line Manager or Head of Department		Date	

Academic Staff

or

Support Staff

Name and Surname: Responsibility Centre Head			
Approval / Signature: Responsibility Centre Head		Date	
Name and Surname: Chief Director: Human Resources			
Approval / Signature: Chief Director: Human Resources		Date	