



Central Philippine University
REQUEST FOR APPROVAL TO UNDERTAKE CONSULTANCY

Note: For consultancy work that will require a team, only the team leader will need to fill up this form.

Date: _____	
Name of Team Leader: _____	Signature: _____
Designation: _____	Unit: _____

Description of Project: _____
Start Date: _____ End Date: _____ Duration: _____
Agency/ Institution requesting for consultants: _____
Contact Person: _____ Contact Nos. _____
Attach the following: 1. Request for Proposal from agency/institution. 2. Proposal to agency/ institution requesting for consultants. 3. List of subjects handled by all the faculty involved, schedules, and proposed substitutes. If leave will only be less than 5 days, indicate proposed schedule of make-up classes.

Approval	
Unit Head of each of the employee in attached list	
Dean or Director of each of the employees in attached list	
VPSA (if under VPSA)	
VPAA (if under VPAA)	
VPA (if under VPA)	
VPFE	
HRDO Director	