

Withdrawal of Consent/Non-Consent to Application of Discretionary Labor System for
Professional Work

Date:

To Dean/Director/Department Head

(Name (handwritten))

I have given my consent to work under the Discretionary Labor System for Professional Work, and now I hereby withdraw my consent to work under the Discretionary Labor System for Professional Work effective as of (YY/MM/DD).

Note: Enter the date of submission, your name (handwritten), and the date that you wish to discontinue working under the Discretionary Labor System, and submit this form to a person responsible for personnel affairs in your department/division. The date of discontinuation must be no earlier than 14 days after the date of submission of this form.