Department of Education

Region III

**DIVISION OF CITY SCHOOLS**

Angeles City

Jesus Street, Pulungbulu, Angeles City

Tel. No. (045) 322-5722; 888-0582/ Fax Nos. (045) 322-4702; 625-9812

Date

**CERTIFICATION**

To Whom It May Concern:

 This is to certify that Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this division has

 ***(Position) (Office/School)***

incurred a total of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ leave of absence without pay/ has not incurred any

leave of absence without pay since her first day of service to present.

 This certifies that her last day of actual service with pay of

Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Prepared by: Certified Correct:

 Clerk II Administrative Officer V

In-charge of Service Record

Noted:

**OFFICER-IN-CHARGE**

 **Office of the Schools Division Superintendent**

**fn:form(certification-actual service with pay)**