\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**THE SCHOOLS DIVISION SUPERINTENDENT**

Division of City Schools

Angeles City

Through Channels

 I have the honor to inform you that I will be ready to return to duty as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National/Municipality/ City Teacher/ Employee effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_ . I was granted leave

of absence on account of Sick/Maternity/Personal/Vacation Leave from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_ ,

inclusive on Civil Service Form 6 dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_.

Annual Salary: P \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assignment Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipality/City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The Medical Certificate (General Form No. 211) signed by a School Physician and the Birth Certificate of my child (if maternity case are herewith enclosed).

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature over Printed Name

 Employee Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CERTIFIED CORRECT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School Head/Principal

**APPROVED:**

**MA. IRELYN P. TAMAYO, PhD, CESE**

Asst. Schools Division Superintendent

Officer-In-Charge

Office of the Schools Division Superintendent

Control No.: \_\_\_\_\_\_\_\_\_