**APPLICATION FOR PERMIT TO TEACH**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Date

Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Assignment:

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School where the applicant plans to teach:

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Performance Rating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST OF SUBJECTS TO TEACH**

[ ] 1ST Semester [ ] 2ND Semester [ ] Trimester [ ] Summer [ ] SY 20\_\_\_-20\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **COURSE/SUBJECTS** | **YR & SEC** | **DAY/TIME** | **VENUE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Certified Correct:

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

Signature over printed name University Dean

Recommending Approval:

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

School Head / PSDS / A.O. V

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

Assistant Schools Division Superintendent

Officer-In-Charge

Office of the Schools Division Superintendent