Department of EducationRegion III**DIVISION OF CITY SCHOOLS**

Angeles City

Jesus Street, Pulungbulu, Angeles City

Tel. Nos. (045) 322-5722; (045) 322 4101/Fax Nos. (045) 322-4702; (045) 887-6099

**RETURN TO DUTY**

 **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 /Municipal/ 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 No:

**CERTIFIED CORRECT:**

**School Head/Principal**

**APPROVED:**

**LEILANI S. CUNANAN, CESO VI**

OIC-Schools Division Superintendent